

South Sefton Clinical Commissioning Group

Integrated Performance Report

November 2015

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 8 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits		Aintree
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		Aintree
RTT 18 Week Incomplete Pathway		Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		Aintree
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		Aintree
Cancer 31 Day First Treatment		Aintree
Cancer 31 Day Subsequent - Drug		Aintree
Cancer 31 Day Subsequent - Surgery		Aintree
Cancer 31 Day Subsequent - Radiotherapy		Aintree
Cancer 62 Day Standard		Aintree
Cancer 62 Day Screening		Aintree
Cancer 62 Day Consultant Upgrade		Aintree
Diagnostic Test Waiting Time		Aintree
Emergency Admissions Composite Indicator		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)		
Emergency Admissions for acute conditions that should not usually require a hospital admission		
HCAI - C.Diff		Aintree
HCAI - MRSA		Aintree
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
PROM: Elective procedures: Groin Hernia		Aintree
PROM: Elective procedures: Hip Replacement		Aintree
PROM: Elective procedures: Knee Replacement		Aintree
PYLL Person (Annual Update)		
RTT 18 Week Admitted Pathway		Aintree
RTT 18 Week Non Admitted Pathway		Aintree
RTT 18 Week Incomplete Pathway		Aintree
RTT 52+ week waiters		Aintree
Stoke 90% time on stroke unit		Aintree
Stoke who experience TIA		Aintree
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		
Unplanned hospitalisation for chronic ambulatory care		
Local Measure: Access to services BME		

Key information from this report

Financial Performance - The financial position is £0.948m overspent at Month 9 on operational budget areas before the application of reserves or contingency. The forecast position has improved by £0.211m during the month. It should be noted that achievement of the planned surplus is reliant on a number of non-recurrent benefits which will not be available beyond Q1 of next year. It is imperative that the CCG develops plans to reduce expenditure between now and then, otherwise it will threaten ongoing delivery of its financial targets.

Referrals – GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase. General Medicine is showing a dramatic increase for 15/16. These are the GP Hotline referrals which we have notified Aintree that the CCG will not be funding.

A&E waits (All Types) – The CCG met the 95% target for November with a performance of 96.17% year to date (in month achieving 91.09%). Aintree failed the target in November recording 87.96%, and are also failing year to date reaching 93.16%. In November 1491 out of 12384 attendances were not admitted, transferred or discharged within 4 hours. Provider comment - The Trust continues to report high numbers of medically optimised patients remaining in an inpatient bed. This peaked at 94 patients in early October and is currently at 81 patients. A point prevalence study was undertaken in November 2015 for all medical inpatients. This showed that 161 patients were optimised for discharge, 45% of the total medical inpatients. The main delays noted were waits for placement and intermediate care. The number of medically optimised patients needs to be consistently below 50 to maintain flow. To ensure sustained improvement, the implementation of outstanding actions remains a priority.

A&E Waits (Type 1) – The CCG have failed the 95% target in November reaching 78.85%, and year to date reaching 86.09%. In November 812 attendances out of 3840 were not admitted, transferred or discharged within 4 hours. Aintree have failed the target in November reaching 77.13%, and year to date reaching 87.09%. In November 1491 attendances out of 6520 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - The CCG are failing one ambulance indicator, Cat A (Red2) indicator achieving 73.6% year to date and in month (November) recording 70.0%. NWAS are failing 2 of the ambulance indicators Category A (Red 2) achieving 74.5% and in month 68.5% and Category 19 transportation time, achieving 94.4% year to date, in month achieving 92.0%. Demand in terms of Red activity in South Sefton was particularly high in November, and average handover times at Aintree Hospital were on average the longest in the North West in November. A Contract Performance Notice relating to Ambulance Handover was discussed at Aintree SRG Wednesday 16th December 2015, and the North Mersey SRG will also discuss the reinvestment of fines that have been applied to providers across the SRG footprint.

Cancer Indicators – The CCG achieved all the cancer indicators year to date as at October 2015 apart from 62 day screening achieving 86.67% year to date against a 90% target, in month achieving 80.0%. In October 1 patient out of 5 breached the 90% target (80%). This was a Lower Gastro patient and the delay was 83 days due to complex pathway and patient choice issues. Treatment Provider was Aintree. Aintree achieved all their cancer indicators year to date as at October 2015.

Emergency Admissions Composite Measure – For November the CCG is over the monthly plan and had 147 more admissions than the same period last year. The monthly plans for 2015-16 been split using last year's seasonal performance. Pathway changes at Aintree resulting in

higher activity levels, may not have been reflected in the planned targets due to when the changes were implemented compared to when the targets were set.

HCAI – MRSA - One new case has been reported in November of MRSA for South Sefton CCG reporting Trust being Aintree. Year to date they have now been 2 cases attributed to the CCG against a zero tolerance target.

IAPT Access – Roll Out – The CCG are under plan for Q2 for IAPT Roll Out and reached 2.48% which shows an improvement on Q1 (2.07%) plan 3.75%. This equates to 602 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey). November data shows the CCG are under plan with 252 patients having entered into treatment (1.04%). This is an increase from last month when 0.76% was reported.

IAPT - Recovery Rate – The CCG are under the 50% plan for recovery rate in Q2 reaching 48.5%. This equated to 180 patients who moved to recovery out of 371 who completed treatment. November data shows the CCG are under plan for recovery rate reaching 47.10%. This equates to 56 patients who have moved to recovery out of 119 who have completed treatment. This is a decrease from last month when 53.6% was reported.

Patient experience of primary care - The CCG reported the proportion of negative responses at 6.91% which is above the 6% target. This is a slight improvement from the last survey which reported 7.63%. Detailed data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.

Patient Safety Incidents Reported – Aintree reported 2 new Serious Untoward Incidents in November, year to date are reporting 26 in total, 1 unexpected death and 1 pressure ulcer grade 3.

RTT – 52 week waiters - The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has 1 patient waiting for 52+ weeks for treatment in T&O. This patient is currently undated – did have TCI of 22/10/2015 but patient cancelled. Capacity issues with Spinal patients – patient had TCI in October but cancelled as daughter due to give birth around then and requested a date in the New Year. The Robert Jones and Agnes Hunt reported 28 breaches in November (only one attributed to South Sefton CCG), these will start to reduce from December, a recovery plan is now in development and will be finalised at the end of February.

Friends and Family Test - Aintree University Hospital NHS Foundation Trust achieved the response rate target in both inpatients and A&E in November, but are failing the targets for A&E recommended and not recommended.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31st December 2015 (Month 9). The financial position is £0.948m overspent at Month 9 on operational budget areas before the application of reserves or contingency. The forecast position has improved by £0.211m during the month.

The overall forecast for the CCG is a surplus of £2.400m against a planned surplus of £2.400m after the application of reserves.

It should be noted that achievement of the planned surplus is reliant on a number of non-recurrent benefits which will not be available beyond Q1 of next year. It is imperative that the CCG develops plans to reduce expenditure between now and then, otherwise it will threaten ongoing delivery of its financial targets.

To date, the CCG has identified £1.474m QIPP savings against the target of £3.441m, leaving £1.967m required to deliver the plan in full. Unless plans to achieve the QIPP are identified in full, the CCG will not deliver a surplus in the new financial year.

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£2.400m	£2.400m
QIPP	Unmet QIPP to be identified > 0	£1.967m	£2.285m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

**Note this now reflects the overall surplus net of any reserves adjustments*

2.2 Resource Allocation

Additional allocations have been received in Month 9 as follows:

- Liaison Psychiatry - £0.041m
- CAMHS Transformation - £0.179m
- IAPT Waiting list - £0.016m

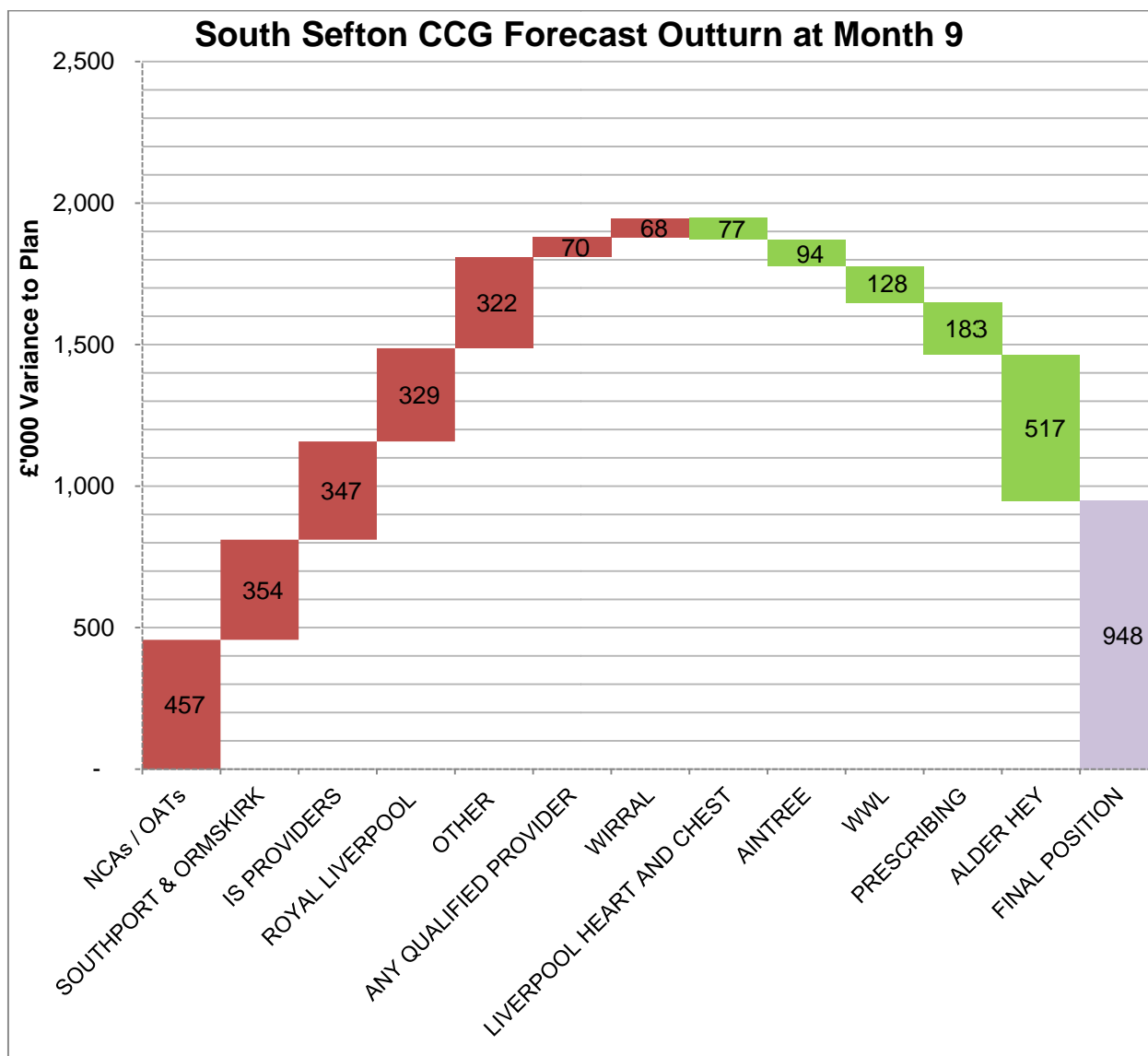
These allocations are all non-recurrent and are expected to be utilised within this financial year.

2.3 Position to date

There are forecast overspends on the non-contract / out of area activity (NCAs/OATs) budgets and within acute care across a range of providers, particularly Southport & Ormskirk Hospital, Royal Liverpool Hospital, Ramsay Healthcare for orthopaedics and Spa Medica for ophthalmology. The overspend is partly supported by underspends with other acute providers, particularly Alder Hey and Aintree Hospitals due to underperformance against contract.

Whilst the financial activity period relates to the end of December, the CCG has based its reported position on information received from Acute Trusts to the end of November 2015.

Figure 2 – Forecast Outturn



NCAs/OATs

The budget for non-contract activity (NCA) and Out of Area Treatments (OATs) is overspent in Month 9 by £0.457m. The overspend relates to a number of high value invoices with various

providers for out of area patients (St Georges University, Guys & St Thomas, and York FT) and overseas patients. (Aintree Hospital, and the Walton Centre).

Independent Sector

The forecast overspend for independent sector providers is £0.347m for the financial year and has reduced slightly during the month. The majority of this expenditure relates to orthopaedic activity with Ramsay Healthcare. A detailed review of the current Trauma and Orthopaedic pathway is being undertaken across the CCG, results of which will be reported to the CCG in January 2016.

There are also additional costs at Spa Medica for ophthalmology treatment where the forecast overspend is £0.182m. A review is being undertaken to understand the referrals and activity in respect of this expenditure.

Under the current arrangements patients accessing independent hospitals are likely to complete their treatment well in advance of the 18 week target set out in the NHS Constitution. Whilst this is positive from both a patient experience and performance perspective, it is becoming increasingly difficult for the CCG to sustain this position in terms of affordability. Changes in referral patterns are required in both the short and long-term to address the financial affordability issue.

Acute commissioning

Royal Liverpool Hospital Foundation Trust

The forecast overspend for Royal Liverpool Hospital is £0.329m. Overspending areas include non-elective vascular surgery, planned care, trauma and orthopaedics, anti-TNF drugs and ARMD.

Southport and Ormskirk NHS Trust

The forecast overspend for Southport and Ormskirk has increased during the month to £0.354m and relates to over performance within a range of areas:

- Maternity pathway payments and deliveries (£0.195m variance at month 8)
- Outpatient attendances (£0.013m variance at month 8)
- Outpatient procedures (£0.109m variance at month 8)
- Planned inpatient care (£0.065m at month 8)
- A&E (£0.064m at month 8)

These overspends are partially offset by underspends in non-elective care of £0.075m at month 8.

Aintree University Hospital Foundation Trust

The year to date underspend reported for Aintree is £0.018m and the year-end forecast is £0.094m underspent. This position is reported after a budget reduction of £0.208m due to QIPP, transferred from the contract in relation to the respiratory scheme. Efficiencies achieved have

been evidenced by reduced activity in Non Elective admissions from respiratory conditions; primarily Pneumonia and COPD.

The current position and forecast is based on the Month 8 performance information received from the Trust. The activity in November was greater than plan, with overspends in daycases, excluded drugs and outpatient attendances. This was offset by continued underspends in emergency admissions.

The main underspends relate to unplanned admissions, which are £1.255m (6.8%) lower than plan at the end of November (adjusted for £0.208m QIPP reduction). This is offset in part by an increase in outpatient activity (£0.662m above plan at the end of November or 6.1%), high cost drugs (£0.312m above plan at the end of November or 17.8%), and elective care (0.251m above plan at end of November or 2.6%).

The other significant reason for the reduction in NEL activity is the impact of a new Ambulatory Emergency Care (AEC) pathway that the Trust implemented in July 2015. The result of this is that fewer patients are being admitted, and costs therefore have reduced. All activity as a result is paid in line with national tariff which is consistent with other providers in the region.

The graphs below show the activity trends for inpatient care at the Trust. The CCG continues to review activity data from the Trust and query inappropriate charges when identified.

Figure 3 – Daycase Activity

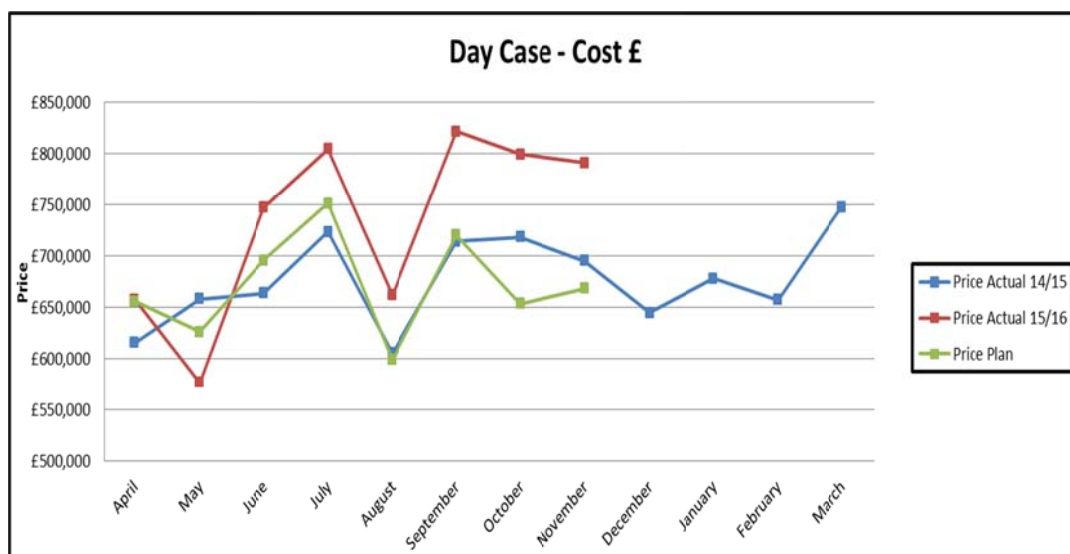


Figure 4 – Non Elective Activity

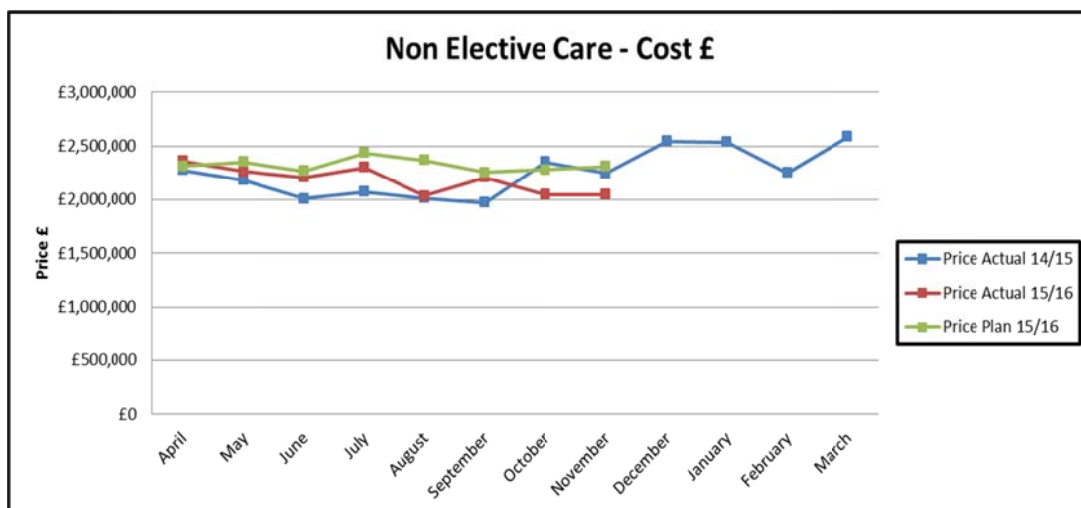
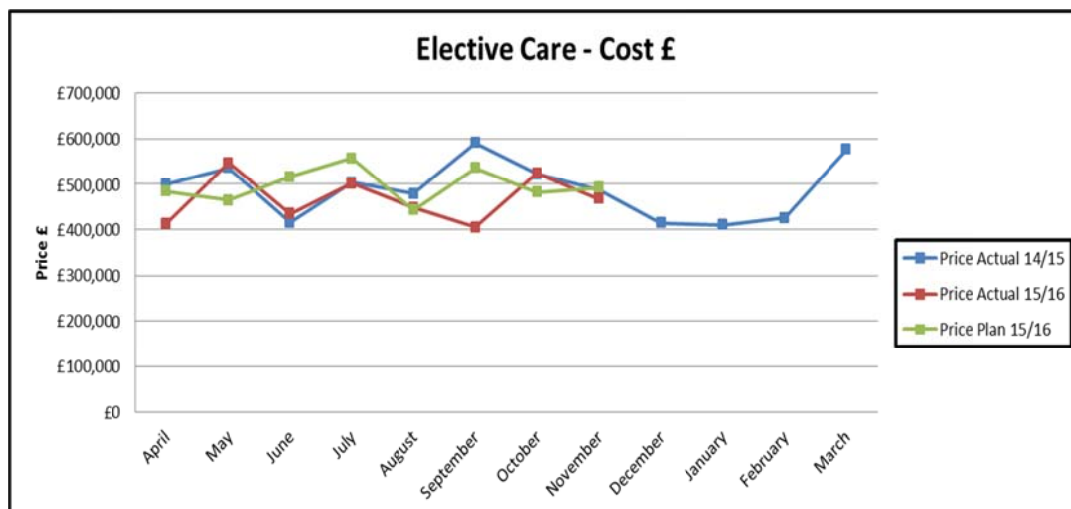


Figure 5 – Elective Activity



Alder Hey NHS Children's Foundation Trust

The year to date performance data received from Alder Hey shows an underperformance against plan across a number of specialties: paediatric ophthalmology, audiological medicine, trauma and orthopaedics and rheumatology. The activity plan was profiled to take into account the planned move to the new hospital with lower activity planned in September and higher activity in October. The actual move took place one month later than planned, and the impact of this has been reflected in the forecast and year to date position.

The current forecast for Alder Hey is an underspend of £0.517m. This underspend has been a consistent trend throughout the year.

Prescribing

The prescribing financial position improved during the month due to efficiencies on category M drugs, the forecast overspend of £0.191m at month 8 has been revised to an underspend of

£0.183m in month 9. The reduction in the forecast overspend relates to a reduction in the cost of category M drugs from Q4, and also a rebate from GlaxoSmithKline for the drug 'Seretide'.

The latest forecast received from the PPA still indicates an overspend on the prescribing budget although this overspend is offset by the efficiencies described above.

Costs remain volatile, partly due to the introduction of a new electronic payment mechanism in place at community pharmacies.

Continuing Health Care and Funded Nursing Care

The current forecast for this budget is an underspend of £0.039m. The forecast reflects the current number of patients, average package costs and an estimate for growth until the end of the financial year. There has been a sustained effort from the CCG and the CSU to contain CHC and FNC costs at 14/15 levels through robust case management and reviews.

As a result of this work, a recurrent efficiency of £0.460m has been achieved and transferred to support the QIPP savings target. The forecasted underspend is taken following this budget reduction.

2.4 QIPP

The QIPP savings target for South Sefton CCG is £3.441m for 2015/16. This has reduced to £1.967m following delivery of schemes totalling £1.474m.

	£'m
QIPP schemes reported at Month 8	1.156
QIPP schemes identified in current Month:	
Adjustment of CM rehab	(0.050)
FNC Review	0.160
Aintree Respiratory	0.208
QIPP schemes reported as at Month 9	1.474

The CCG established a 1% Transformation Fund in the budgets. This was set up to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality.

The fund is expected to underspend in 2015/16 by £1.436m due to the time taken to devise, review and implement schemes. However, the total fund on a full year basis is over-subscribed, and one of the roles of the QIPP Committee is to prioritise these schemes, with a view to understanding benefits achieved and to recommend whether they should be continued in 2016/17.

In addition to the transformational initiatives, a number of other cost reduction schemes are also being implemented.

2.5 CCG Running Costs

The CCG is currently operating within its running cost target of £3.296m, with a small underspend of £0.053m. This is mainly due to vacant posts within the medicines management team.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. £1.967m of recurrent savings must be realised in 2015/16 in order to achieve financial stability at the start of the next financial year. In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years. Previously this has been particularly evident in Urgent Care whereas the significant growth currently being seen is in planned care in both the independent sector and in the NHS.
- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) will be charging based on actual usage. The implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, and proposed charges have now been received from CHP. These are currently under review with CHP and local providers, particularly where proposed charges have risen unexpectedly. The data shows an increase in costs for the CCG and these have been queried with CHP. The charges are yet to be finalised as work with CHP is ongoing.
- Prescribing / Drugs costs - This is a volatile area of spend, and this risk has increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. As a result, it is unclear whether all prescriptions relating to the period have been submitted. This is leading to inconsistent reporting through PPA forecasts and is affecting CCG estimates.

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

Whilst the forecast position indicates that the CCG is on target to deliver its financial plans for 2015/16, the recurrent forecast surplus before risks/mitigations is £0.670m, primarily due to the failure to deliver QIPP schemes and is directly linked to the unmet QIPP figure of £1.967m. This presents a financial risk to the CCG in preparing for 2016/17.

This risk will be reflected accordingly in the CCG's risk reporting framework and must be considered as the CCG's top priority for both the remainder of this financial year and also 2016/17, alongside the commissioning of safe services.

It is critical for Governing Body Members to reflect this position in discussions with wider members. An intensive review of current expenditure is required at all levels of the CCG which will need considerable support from member practices, supported by Governing Body GP leads. The focus must be on reducing access to clinical services that provide low or little clinical benefit for patients.

The CCG's commissioning team must support Member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from Member practices to enable the CCG to reduce levels of low value healthcare and improve value for money.

Figure 6 – Reserves Analysis

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.400		2.400
Unidentified QIPP	(3.441)		(3.441)
Revised surplus / (deficit)	(1.041)		(1.041)
Forecast (against operational budgets)	(0.848)	(0.100)	(0.948)
Contingency reserves	1.044		1.044
Transformation Fund slippage		1.436	1.436
Reserves	0.041	0.394	0.435
QIPP:			
CM Rehab	0.150		0.150
Jospice	0.064		0.064
Contract Adjustments	0.050		0.050
Budget adjustments	0.064		0.064
Acute Growth restraint	0.478		0.478
CHC	0.300		0.300
FNC	0.160		0.160
Respiratory (Aintree)	0.208		0.208
QIPP Achieved	1.474	0.000	1.474
Forecast surplus / (deficit)	0.670	1.730	2.400
Risks	(1.750)		(1.750)
Mitigations	1.750		1.750
Risk adjusted forecast surplus / (deficit)	0.670	1.730	2.400

3. Referrals

3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16

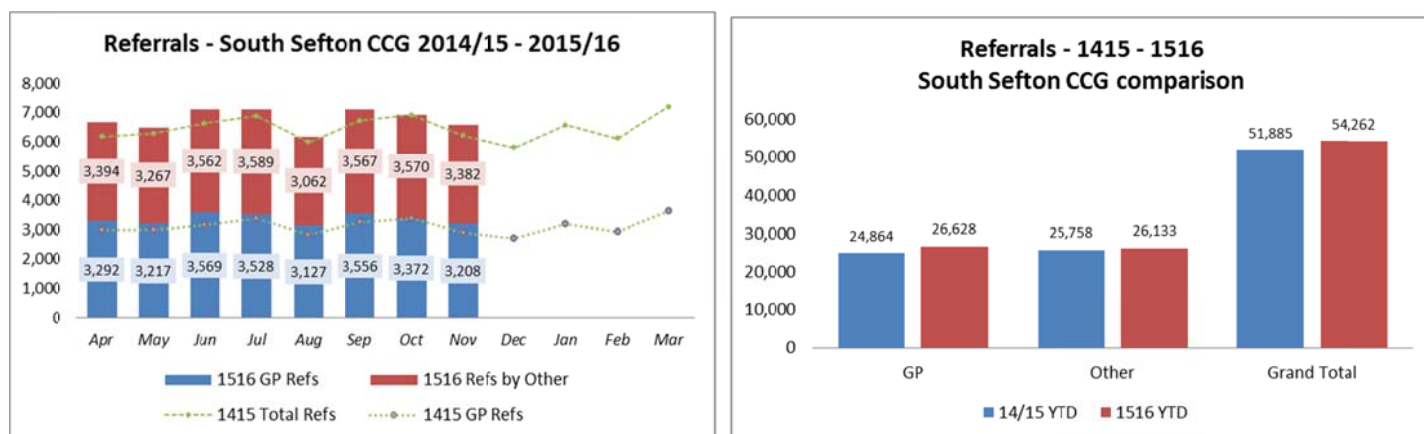


Figure 8 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter

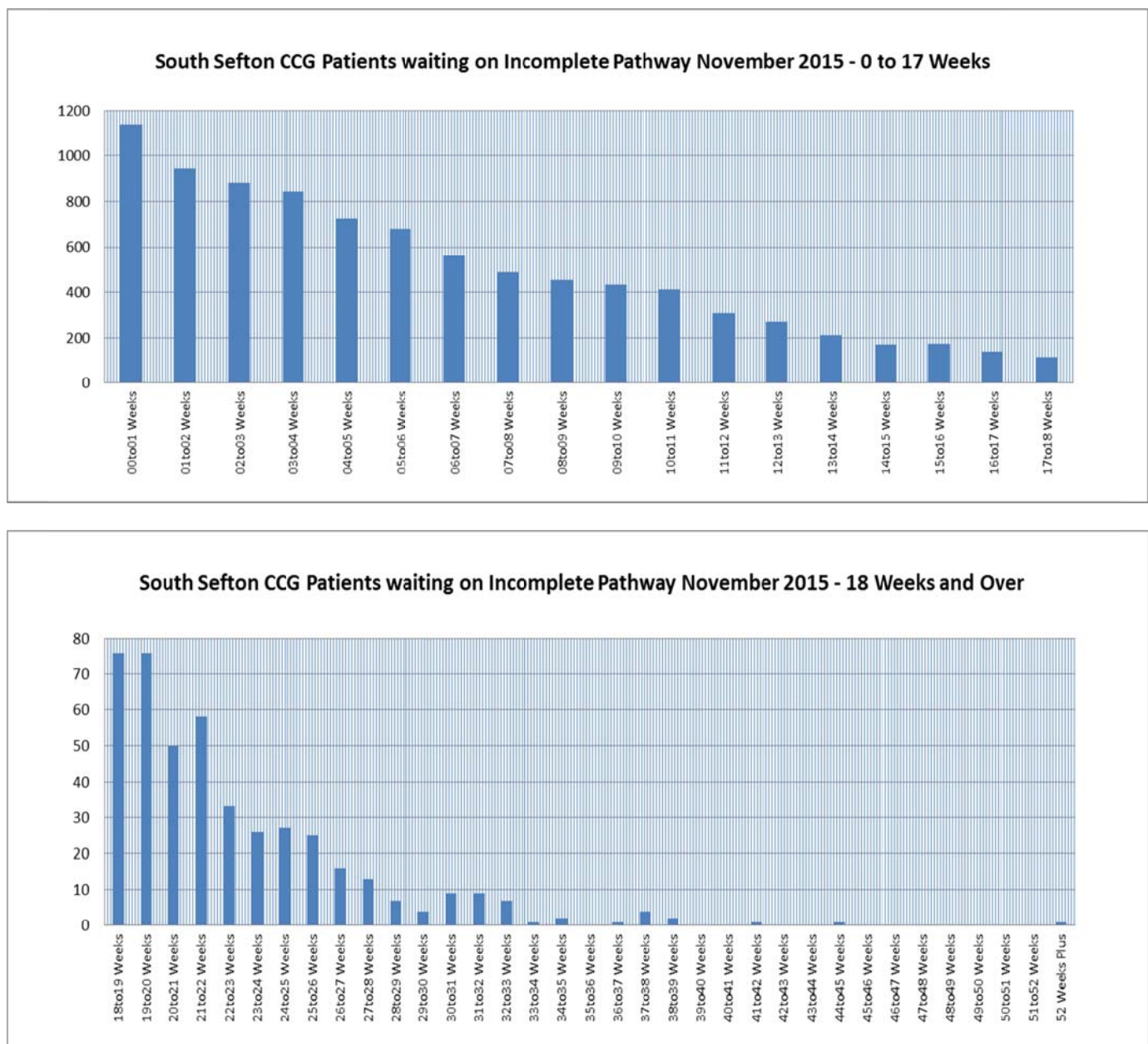
Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3 FOT	1314 YTD	1415 YTD	1516 YTD	% Variance 1415 - 1516	1314-1516 Trendline
GP	03	GP Ref	8,766	8,709	8,563	9,073	9,130	9,480	8,953	9,773	10,078	10,211	9,870	26,038	27,563	30,159	9%	
GP Total			8,766	8,709	8,563	9,073	9,130	9,480	8,953	9,773	10,078	10,211	9,870	26,038	27,563	30,159	9%	
Other	01	following an emergency admission	553	513	538	469	517	534	473	511	527	509	509	1,604	1,524	1,545	1%	
	02	following a Domiciliary Consultation	7	6	8	1	2	5	8	7	5	2	5	21	15	12	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,024	875	721	806	832	780	727	762	1,385	1,208	1,242	2,620	2,339	3,835	64%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	3,689	3,556	3,668	3,681	3,788	3,829	3,919	4,077	3,934	3,856	3,942	10,913	11,536	11,732	2%	
	06	self-referral	827	672	703	756	731	786	811	889	861	900	923	2,202	2,328	2,684	15%	
	07	A Prosthetist	1	16	10	14	3	4	4	7	6	2	0	27	11	8	-27%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	561	659	711	811	775	738	723	676	291	268	300	1,931	2,236	859	-62%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	571	551	568	594	631	788	738	674	593	720	818	1,690	2,157	2,131	-1%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	22	8	11	25	7	16	24	23	17	20	23	41	47	60	27%	
	13	A Specialist NURSE (Secondary Care)	35	21	19	30	21	18	21	22	18	30	33	75	60	81	35%	
	14	An Allied Health Professional	224	214	195	179	311	272	233	204	280	352	333	633	816	965	18%	
	15	An OPTOMETRIST	20	22	19	19	28	25	23	19	26	28	45	61	76	99	30%	
	16	An Orthoptist	0	0	1	0	0	0	0	0	2	0	0	1	0	2	0%	
	17	A National Screening Programme	3	39	20	7	8	21	7	6	6	17	23	62	36	46	26%	
	92	A GENERAL DENTAL PRACTITIONER	589	568	568	617	602	538	536	524	539	502	525	1,725	1,676	1,566	-7%	
	93	A Community Dental Service	6	9	12	5	8	8	12	5	5	0	6	27	28	11	-61%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,382	1,535	1,371	1,500	1,271	1,299	1,263	1,219	1,270	1,313	1,238	4,288	3,833	3,821	0%	
Other Total			9,514	9,264	9,143	9,514	9,535	9,661	9,522	9,625	9,765	9,727	9,962	27,921	28,718	29,454	3%	
Unknown			315	485	511	509	446	492	471	515	458	491	467	1,311	1,409	1,416	0%	
Grand Total			18,595	18,458	18,217	19,096	19,111	19,633	18,946	19,913	20,301	20,429	20,298	55,270	57,690	61,028	6%	

GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase. General Medicine is showing a dramatic increase for 15/16. These are the GP Hotline referrals which we have notified Aintree that the CCG will not be funding.

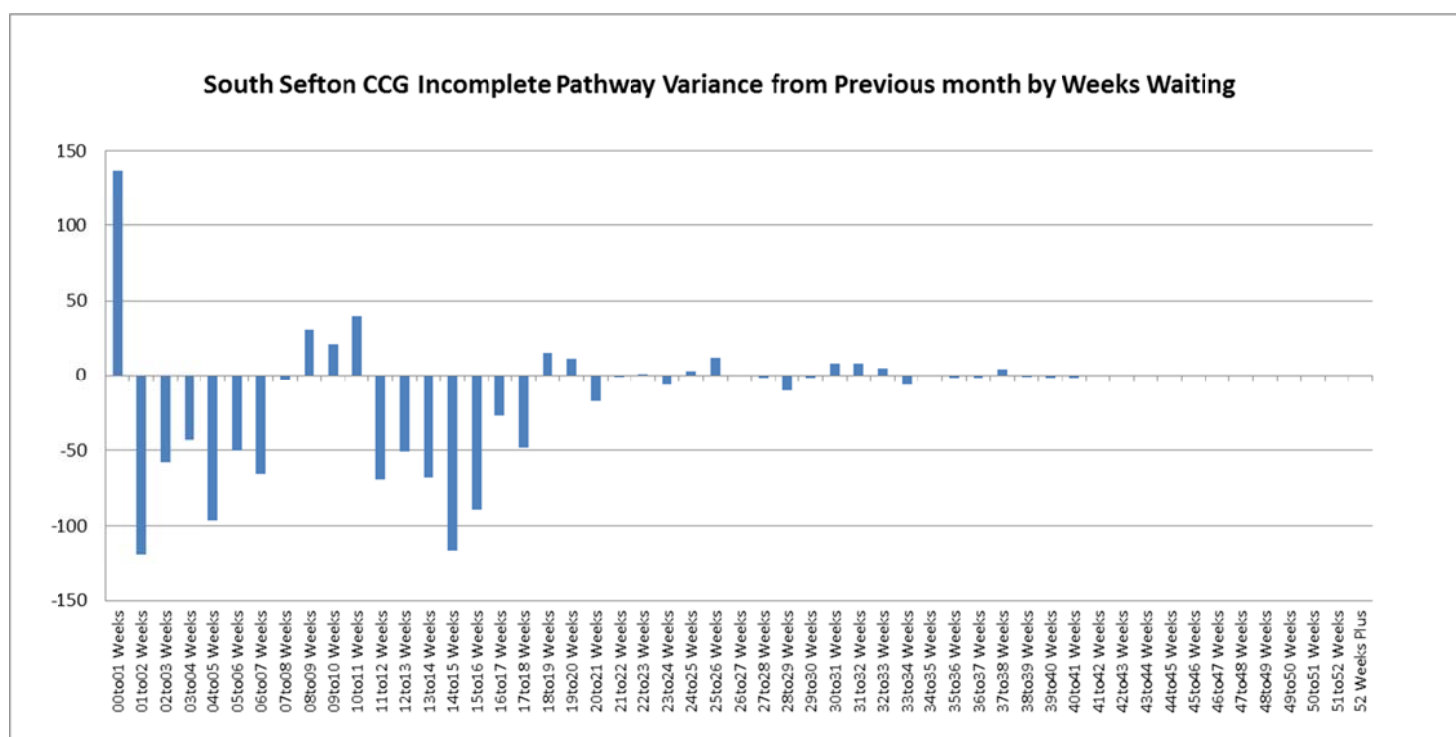
4. Waiting Times

4.1 NHS South Sefton CCG patients waiting

Figure 9 Patients waiting on an incomplete pathway by weeks waiting.



There were 449 patients (4.8%) waiting over 18 weeks on Incomplete Pathways at the end of November 2015, an increase of 14 patients (3.2%) from Month 7 (15/16). There was one patient waiting over 52 weeks at the end of November 2015. Further narrative for this is included in section 9 of this report.



There were 9,401 patients on the Incomplete Pathway at the end of November 2015, a decrease of 660 patients (6.6%) from October 2015.

4.2 Top 5 Providers

Figure 10 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Trust	0to10 wks	10to18 wks	Total 0to17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	4797	1004	5801	171	45	10	226	6027
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	677	296	973	65	22	9	96	1069
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	488	79	567	19	7	3	29	596
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	383	176	559	19	9	4	32	591
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	228	139	367	27	6	7	40	407
Other Providers	580	105	685	18	3	5	26	711
Total All Providers	7153	1799	8952	319	92	38	449	9401

4.3 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Royal Liverpool & Broadgreen Hospitals	General Surgery	41-42	Awaiting reasons from Provider
St. Helens & Knowsley Hospitals	Plastic Surgery	44-45	Awaiting reasons from Provider
The Robert Jones And Agnes Hunt Orthopaedic Hospital	Trauma & Orthopaedics	52+	Awaiting reasons from Provider

5. Planned Care

5.1 All Providers

Performance at Month 8 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £694k. This over-performance is driven by increases at Aintree Hospital (£867k), Southport & Ormskirk Hospital (£185k) and Renacres (£187k). Overspends are offset at Royal Liverpool (-£195k) and Alder Hey (-£228k).

ARMD is a growing area. Benchmarking has revealed a variance in the prices charged by providers under local tariff arrangements. A review is being undertaken across the region to standardise treatment pathways and prices. This will be completed in Spring 2016 with an in year impact expected in 2016/17. Patients seen in ARMD clinics are followed up for life meaning outpatient activity will continue to increase over time.

Figure 11 Planned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	170,685	115,330	119,440	4,110	4%	£31,071	£20,998	£21,866	£867	4%
Alder Hey Childrens NHS F/T	14,711	9,765	7,988	-1,777	-18%	£2,326	£1,545	£1,317	-£228	-15%
Countess of Chester Hospital NHS FT	0	0	105	105	0%	£0	£0	£11	£11	0%
Liverpool Heart and Chest NHS F/T	1,273	871	719	-152	-17%	£578	£396	£256	-£140	-35%
Liverpool Womens Hospital NHS F/T	15,539	10,543	10,678	135	1%	£3,282	£2,220	£2,219	-£1	0%
Royal Liverpool & Broadgreen Hospitals	29,929	20,479	19,345	-1,134	-6%	£5,827	£3,987	£3,792	-£195	-5%
Southport & Ormskirk Hospital	13,390	9,158	9,725	567	6%	£2,753	£1,878	£2,063	£185	10%
ST Helens & Knowsley Hospitals	4,070	2,715	2,824	109	4%	£1,014	£679	£728	£49	7%
Wirral University Hospital NHS F/T	462	308	252	-56	-18%	£123	£82	£61	-£21	-26%
Central Manchester University Hosp Nhs FT	86	57	94	37	64%	£22	£14	£20	£6	39%
Fairfield Hospital	95	63	85	22	35%	£20	£13	£16	£3	21%
ISIGHT (SOUTHPORT)	262	175	242	67	39%	£65	£44	£57	£14	32%
Renacres Hospital	3,913	2,636	3,647	1,011	38%	£1,265	£858	£1,044	£187	22%
SPIRE LIVERPOOL HOSPITAL	3,334	2,236	1,902	-334	-15%	£999	£670	£590	-£80	-12%
University Hosp South Manchester Nhs FT	108	73	71	-2	-3%	£16	£11	£12	£1	14%
Wrightington, Wigan And Leigh Nhs FT	846	564	694	130	23%	£305	£203	£240	£37	18%
Grand Total	258,704	174,972	177,811	2,839	2%	£49,666	£33,598	£34,292	£694	2%

5.2 Aintree University Hospital NHS Foundation Trust

Figure 12 Month 7 Planned Care- Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	12,615	8,502	9,018	516	6%	£7,916	£5,335	£5,910	£575	11%
Elective	2,171	1,475	1,363	-112	-8%	£5,849	£3,975	£3,740	-£235	-6%
Elective Excess BedDays	1,134	771	535	-236	-31%	£252	£171	£117	-£54	-32%
OPFAMPCL - OP 1st Attendance Multi- Professional Outpatient First. Attendance (Consultant Led)	633	428	305	-123	-29%	£113	£77	£54	-£22	-29%
OPFANFTF - Outpatient first attendance non face to face	716	484	441	-43	-9%	£28	£19	£18	-£1	-6%
OPFASPCL - Outpatient first attendance single professional consultant led	31,994	21,650	22,697	1,047	5%	£4,593	£3,108	£3,388	£280	9%
OPFUPMPCCL - Outpatient Follow Up Multi- Professional Outpatient Follow. Up (Consultant Led).	1,577	1,067	1,022	-45	-4%	£172	£117	£111	-£6	-5%
OPFUPNFTF - Outpatient follow up non face to face	1,251	847	2,212	1,365	161%	£30	£20	£53	£33	163%
OPFUPSPCL - Outpatient follow up single professional consultant led	83,804	56,710	56,739	29	0%	£6,558	£4,438	£4,487	£50	1%
Outpatient Procedure	20,122	13,616	14,766	1,150	8%	£3,254	£2,202	£2,390	£188	9%
Unbundled Diagnostics	13,104	8,736	9,352	616	7%	£1,147	£765	£849	£84	11%
Wet AMD	1,566	1,044	990	-54	-5%	£1,157	£771	£747	-£24	-3%
Grand Total	170,685	115,330	119,440	4,110	4%	£31,042	£20,979	£21,848	£868	4%

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Analysis in the table above excludes GP Hotline activity recorded under OPFANFTF. The Collaborative Commissioning Forum has confirmed to Aintree Hospital in a letter that this activity will not be paid for by CCGs

Daycase over performance continues to rise to £575k/11% (£468k/10% in M7). This is primarily driven by Gastroenterology's over performance of £303k. 30% of Gastro over performance is attributable to one particular HRG "FZ61Z - Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over"

Combined Daycase/Elective Cardiology activity has seen a marked increase since month 8. This is as a result of three heart failure HRGs applicable to the new ambulatory heart failure service. This activity is being coded as Daycase & Electives rather than Outpatient procedures. There has been no agreement with the Trust relating to the cost of the tariff and the commissioners will expect an outpatient procedure cost for this service.

Over performance for Outpatient First attendances is in single professional consultant led. £280k over performance for month 8 is driven by Clinical Haematology which is showing a £143k/126% over performance. This area was raised at the Contract Review Meeting and the Trust has been asked for further info regarding the increase in Clinical Haematology.

Outpatient Procedure over performance is attributable mainly to two Specialties – Cardiology £90k/58% and Interventional Radiology £53k/63%. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsy's, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances. Cardiology over performance is solely attributable to Echocardiograms and is currently £90k/59% over performing against plan.

5.3 Southport & Ormskirk Hospital

Figure 13 Month 7 Planned Care- Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,030	702	636	-66	-9%	£702	£479	£508	£29	6%
Elective	194	131	152	21	16%	£583	£394	£433	£38	10%
Elective Excess BedDays	13	9	1	-8	-89%	£3	£2	£0	-£2	-90%
OPFAMPCL - OP 1st Attendance Multi- Professional Outpatient First. Attendance (Consultant Led)	113	77	187	110	143%	£18	£12	£28	£15	123%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	1,787	1,514	-273	-15%	£366	£251	£223	-£28	-11%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	144	380	236	164%	£21	£15	£37	£22	154%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,260	3,599	3,559	-40	-1%	£456	£312	£315	£3	1%
Outpatient Procedure	3,070	2,100	2,713	613	29%	£537	£368	£476	£109	30%
Unbundled Diagnostics	889	609	583	-26	-4%	£66	£45	£44	-£1	-3%
Grand Total	13,390	9,158	9,725	567	6%	£2,753	£1,878	£2,063	£185	10%

5.3.1 Southport & Ormskirk Hospital Key Issues

Outpatients Procedures is seeing increased activity in Trauma & Orthopaedics and Dermatology. HRG "HB56C Minor Hand or Foot Procedures" has shown an increase in activity since 1415. Procedures associated with the HRG are Joint injections for arthritis and "examination" of joint. "Investigative Procedures" in Dermatology has also shown a marked increase. Procedures associated with this HRG are generally Diagnostic dermatoscopy of skin. These two specialties make up almost all of Outpatient Procedure variance and this has been the theme throughout 2015/16.

5.4 Renacres Hospital

Figure 14 Month 6 Planned Care- Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	500	340	377	37	11%	£622	£423	£417	-£6	-1%
Elective	72	49	70	21	44%	£308	£209	£328	£119	57%
OPFASPCL - Outpatient first attendance single professional consultant led	1,021	686	787	101	15%	£136	£92	£106	£15	16%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,264	850	1,900	1,050	124%	£100	£67	£111	£44	65%
Outpatient Procedure	662	445	224	-221	-50%	£63	£42	£53	£11	25%
Unbundled Diagnostics	394	266	289	23	9%	£37	£25	£30	£5	18%
Grand Total	3,913	2,636	3,647	1,011	38%	£1,265	£858	£1,044	£187	22%

5.4.1 Renacres Hospital Key Issues

Trauma & Orthopaedics is driving the Elective overspend with a M8 variance of £102k/53%. Activity within T&O is showing a marked increase in Major Hip & Knee Procedures. Activity in both of these areas is over performing by 53%, with the combined cost variance of £108k.

Outpatient Follow Ups are over performing by £44k/65%, and excluding the highest specialty of T&O, we have activity and finance recorded under three specialties with no plan – Spinal Surgery Services, Nursing Episodes and Allied Health Professional Episode. Further investigations will be conducted as TFC codes for Nursing Episodes and Allied Health Professional Episodes are no longer in use.

6. Unplanned Care

6.1 All Providers

Unplanned Care at Month 8 of financial year 2015/16, shows an under-performance of circa - £1.2m for contracts held by NHS South Sefton CCG.

This underspend is clearly driven by the -£1.4m under spend at Aintree Hospital and -£168k at Alder Hey. If we exclude Aintree, we would be reporting a month 8 over spend of £219k/1%. The two main Trusts over spending are Liverpool Women's £110k and Royal Liverpool £142k.

Figure 15 Month 7 Unplanned Care – All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	97,701	65,180	61,904	-3,276	-5%	£34,338	£22,898	£21,437	-£1,461	-6%
Alder Hey Childrens NHS F/T	8,868	5,797	5,865	68	1%	£1,905	£1,281	£1,113	-£168	-13%
Countess of Chester Hospital NHS FT	0	0	81	81	0%	£0	£0	£35	£35	0%
Liverpool Heart and Chest NHS F/T	171	114	155	41	36%	£144	£96	£185	£89	92%
Liverpool Womens Hospital NHS F/T	3,458	2,334	2,574	240	10%	£3,009	£2,038	£2,148	£110	5%
Royal Liverpool & Broadgreen Hospitals	5,851	3,900	4,319	419	11%	£2,145	£1,429	£1,572	£142	10%
Southport & Ormskirk Hospital	6,978	4,698	5,372	674	14%	£2,492	£1,679	£1,687	£9	1%
ST Helens & Knowsley Hospitals	850	567	595	28	5%	£361	£241	£228	-£13	-5%
Wirral University Hospital NHS F/T	245	163	258	95	58%	£90	£59	£73	£14	24%
Central Manchester University Hospitals Nhs FT	67	45	53	8	19%	£16	£11	£12	£1	9%
University Hospital Of South Manchester Nhs FT	41	27	24	-3	-13%	£14	£9	£7	-£2	-20%
Wrightington, Wigan And Leigh Nhs FT	42	28	34	6	21%	£15	£10	£12	£2	19%
Grand Total	124,270	82,852	81,234	-1,618	-2%	£44,529	£29,751	£28,509	-£1,242	-4%

6.2 Aintree University Hospital NHS Foundation Trust

Figure 16 Month 7 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	41,953	27,994	26,988	-1,006	-4%	£953	£636	£635	-£1	0%
A&E - Accident & Emergency	30,956	20,655	20,041	-614	-3%	£3,646	£2,433	£2,416	-£16	-1%
NEL - Non Elective	13,932	9,289	8,316	-973	-10%	£25,986	£17,327	£16,292	-£1,035	-6%
NELNE - Non Elective Non-Emergency	44	29	26	-3	-11%	£122	£81	£64	-£17	-21%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	27	86	59	222%	£10	£6	£17	£11	174%
NELST - Non Elective Short Stay	2,732	1,822	1,438	-384	-21%	£1,764	£1,176	£965	-£211	-18%
NELXBD - Non Elective Excess Bed Day	8,044	5,364	5,009	-355	-7%	£1,858	£1,239	£1,046	-£192	-16%
Grand Total	97,701	65,180	61,904	-3,276	-5%	£34,338	£22,898	£21,437	-£1,461	-6%

6.2.1 Aintree Hospital Key Issues

Discussions regarding activity and finance are on-going both internally and with the Trust with a view to informing contract negotiations for 2016/17. The North West Utilisation Management team have been conducting a review at Aintree into urgent care, and a formal report has been shared with the CCG and Aintree.

6.3 Alder Hey Hospital

Figure 17 Month 7 Unplanned Care – Alder Hey Hospital by POD

Alder Hey Childrens Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	7,899	4,472	4,524	52	1.15%	£688	£390	£387	£3	-0.78%
NEL - Non Elective	854	493	455	-38	-7.68%	£1,174	£713	£581	£131	-18.41%
NELNE - Non Elective Non-Emergency	1	1	0	-1	-100.00%	£1	£1	£0	£1	-100.00%
NELXBD - Non Elective Excess Bed Day	113	69	10	-59	-85.60%	£42	£26	£3	£22	-86.53%
Grand Total	8,868	5,036	4,991	-45	-0.88%	£1,905	£1,129	£973	£156	-13.82%

6.3.1 Alder Hey Hospital Key Issues

The underperformance against contract plan has also been mirrored by Liverpool CCG, although other local CCGs have seen over performance against plan at this provider. The current financial position as a Trust for Urgent Care is 4% below plan. The Trust has been asked to provide further information into the variances, highlighting key specialties and possible reasons.

6.4 Royal Liverpool & Broadgreen Hospitals

Figure 18 Month 6 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD

The Royal Liverpool Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	4,422	2,948	3,235	287	10%	£397	£265	£295	£30	11%
AMAU - Acute Medical unit	63	42	44	2	5%	£6	£4	£4	£0	4%
NEL - Non Elective	692	461	453	-8	-2%	£1,355	£903	£997	£94	10%
NELNE - Non Elective Non-Emergency	24	16	13	-3	-19%	£179	£119	£99	£21	-18%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	149	99	0	-99	-100%	£33	£22	£0	£22	-100%
NELST - Non Elective Short Stay	268	179	188	9	5%	£137	£92	£103	£12	13%
NELXBD - Non Elective Excess Bed Day	234	156	386	230	148%	£50	£33	£83	£50	148%
readmissions	0	0	0	0	0%	£13	£9	£9	£0	-3%
Grand Total	5,851	3,900	4,319	419	11%	£2,145	£1,429	£1,572	£142	10%

6.4.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £143k of the total £142k unplanned over spend. Vascular Surgery is the main cause of NEL and NELXBD overspend, more specifically, 2 particular HRGs relating to Amputations and Lower Limb Arterial Surgery make up £85k of the total NEL overspend. This activity took place earlier in the financial, with the later months seeing activity more in line with the 2015/16 plan.

6.5 Delayed Transfers of Care

Delayed transfers of care are discussed weekly between the CCG, Hospital Providers and the Local Authority and figures are agreed each week. Note that these figures may not always match nationally reported figures from NHS England as they are often revised and agreed locally after the data submission deadlines of HS England. In South Sefton CCG, numbers of patients "Ready for Discharge" are reported alongside Delayed Transfers of Care.

Week Commencing 04/01/2016:

Monday: 34 – no DTOC
 Tuesday: 33 – 2 DTOC
 Wednesday: 32 – 1 DTOC
 Thursday: 30 – 1 DTOC
 Friday: 29 – No DTOC

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 19 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	98	64	188%
1 Common Mental Health Problems (Low Severity)	23	48	25	109%
2 Common Mental Health Problems (Low Severity with greater need)	48	28	(20)	-42%
3 Non-Psychotic (Moderate Severity)	274	219	(55)	-20%
4 Non-Psychotic (Severe)	169	226	57	34%
5 Non-psychotic Disorders (Very Severe)	32	65	33	103%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	38	(5)	-12%
7 Enduring Non-Psychotic Disorders (High Disability)	133	196	63	47%
8 Non-Psychotic Chaotic and Challenging Disorders	83	103	20	24%
10 First Episode Psychosis	93	137	44	47%
11 On-going Recurrent Psychosis (Low Symptoms)	414	434	20	5%
12 On-going or Recurrent Psychosis (High Disability)	312	315	3	1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	108	(4)	-4%
14 Psychotic Crisis	17	25	8	47%
15 Severe Psychotic Depression	7	4	(3)	-43%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	33	-	0%
17 Psychosis and Affective Disorder – Difficult to Engage	58	59	1	2%
18 Cognitive Impairment (Low Need)	347	227	(120)	-35%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	509	47	10%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	336	188	127%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	74	29	64%
Reviewed Not Clustered	36	225	189	525%
No Cluster or Review	144	190	46	32%
Total	3,067	3,697	630	21%

Figure 20 CPA – Percentage of People under CPA followed up within 7 days of discharge

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target 95%	100%	100%	100%	93%	100%	100%	100%	100%

Figure 21 CPA Follow up 2 days (48 hours) for higher risk groups

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
KPI_32	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	Target 95%	100%	100%	100%	100%	No patients requiring follow up in August	100%	No patients requiring follow up in October	100%

Quality Overview

At Month 8, MerseyCare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report, a presentation was provided at the December CQPG meeting. In addition work is ongoing with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report.

Specific concerns remain regarding DNA's at Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQPG and SRG meetings.

A Contract Performance Notice has been issued to MerseyCare regarding the recent A&E waits, a remedial Action Plan is now in place as a result. Four meetings have already been held with the Trust, South Sefton CCG, Liverpool CCG and Knowsley CCG, the next meeting is due to be held in January. An Escalation Plan has been developed between MerseyCare and Aintree, to date there have not been any further long waits. As of 9th November the Prenton assessment suite at Clock View has been fully operational 24/7. It has been noted that communications have significantly improved between MerseyCare and Aintree.

7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The prevalence rate at month 8 (6.34%) is below the target but has improved on last month. Current activity levels would indicate that the trust will fall below the annual 15% target at March 2016. To achieve the prevalence target of 15%, 2,160 people would need to enter treatment between December and March.

The Recovery rate in month 8 is 47.1% against the target of 50% and this is a fall compared to the October position of 53.6%.

Performance against waiting time targets continues to exceed the required minimum targets.

The number of patients self-referring is up on last month and this may be the result of awareness initiatives. The percentage of patients entering treatment in 28 days or less has also improved on last month.

Cancellations by patients at month 8 are up on last month's position. Appointments cancelled by the provider remain at levels that have been questioned by commissioners. The provider has offered no current explanation to the reasons for this and have previously attributed to staff sickness.

Previously Step 2 staff have reported that they were experiencing a high DNA rate and are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the service have reported that the client may sometimes feel they need to accept the appointment as they have waited a significant time, but then do not feel the need to attend, as essentially the need has passed. At month 8 it would appear that what this process may be giving some results as the DNAs are less than last month for step 2.

The percentage of GP referrals appear to be on a downward trend with a corresponding increase in the proportion of self-referrals. The increase in self-referrals may be impacting on the "watchful wait" that is usually managed by the GP as this step is missed, and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

A text reminder service would assist in the reduction of DNAs. This would give the prompt to clients 24 hours before an appointment for those clients most likely to have forgotten.

Bespoke analysis from the provider has shown the opt in rates by practice and referral source which has been shared with practices.

A meeting was held with the provider on 10/12/2015 to discuss the Contract Performance Notice issued by the CCG relating to underperformance. The provider presented an action plan for review. A discrepancy was raised between the local data submitted to the CCG by the provider and the data the provider has submitted to the Health & Social Care Information Centre for the national data requirements. In a meeting on 07/01/2016 agreement was reached for the national Intensive Support Team to assist the provider in resolving this. Other actions agreed include:

- A focus of efforts to attract numbers in to IAPT treatment via engagement with GPs

- The inherited waiting list for the service has reduced from 1,100 to 64. Ongoing communication with GPs is planned to raise the profile of the service and dispel any myths around waiting times
- Embedded IAPT staff in targeted practices will also generate quicker access to services by undertaking assessments in GP practice setting.
- The service is initiating weekly SMS texting to reduce DNAs
- Referral criteria for Older People/Health Visiting team has been revised and this should generate more referrals.

Figure 22 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	TOTALS	
Population (Psychiatric Morbidty Survey)		24298	24298	24298	24298	24298	24298	24298	24298	24298	
National definiton of those who have entered into treatment		143	158	201	204	166	232	184	252	1540	
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	1.25%	1.25%	15.00%	
Prevalence Trajectory ACTUAL		0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	0.76%	1.04%	6.34%	
National definition of those who have completed treatment (KPI5)		134	117	120	136	119	143	117	132		
National definition of those who have entered Below Caseness (KPI6b)		9	4	11	9	10	8	5	13		
National definition of those who have moved to recovery (KPI6)		75	51	61	66	49	65	60	56		
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
Recovery ACTUAL		60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	53.6%	47.1%		
Referrals Received		435	395	355	405	331	335	400	429		
Gp Referrals		289	215	152	161	115	114	107	108		
% GP Referrals		66%	54%	43%	40%	35%	34%	27%	25%		
Self referrals		114	149	175	205	184	207	235	271		
% Self referrals		26%	38%	49%	51%	56%	62%	59%	63%		
Other referrals Other Referrals are 34 - Assessment and Immediate Care, 6 - Other, 1- WaltonNeuro, 2- Acute Care Team, 3 - Secondary Care, 1-Community(Adult), 2-Health Visitor, 1-Practice Nurse		32	31	28	39	32	14	58	50		
% Other referrals		7%	8%	8%	10%	10%	4%	15%	12%		
Referral not suitable or returned to GP		0	0	0	0	0	0	0	0		
Referrals opting in		415	355	285	299	259	249	288	284		
Opt-in rate %		95%	90%	80%	74%	78%	74%	72%	66%		
Patients starting treatment by step (Local Definition)		Step 2	94	119	142	157	125	178	137	240	
		Step 3	49	39	59	47	41	54	47	12	
		Step 4									
		Total	143	158	201	204	166	232	184	252	
Percentage of patients entering in 28 days or less		53.0%	37.0%	59.0%	60.0%	46.0%	29.0%	18.0%	31.8%		
Completed Treatment Episodes by Step (Local Definition)		Step 2	138	175	128	203	127	240	172	201	
		Step 3	341	329	363	383	287	462	377	245	
		Step 4									
		Total	479	504	491	586	414	702	549	446	
Activity	Attendances	Step 2	369	456	536	788	618	645	621	662	
		Step 3	389	422	547	460	466	507	412	499	
		Step 4		1	2	3	6	17	13	12	
	DNA's	Step 2	80	92	146	179	129	175	149	90	
		Step 3	52	49	75	56	55	60	45	45	
		Step 4		1					2		
	Cancels	Step 2	40	82	159	225	137	176	180	198	
		Step 3	62	89	107	95	81	99	116	119	
	Attendances	Step 4						6	4	1	
		Total	758	879	1085	1251	1090	1169	1046	1173	
	DNAs	Total	132	142	231	235	184	235	196	135	
		Cancelled	102	171	266	320	218	281	300	318	
	Number Cancelled by patient	Total	45	109	194	253	181	239	205	243	
		Number Cancelled by provider	Total	57	62	72	67	37	42	95	75

Figure 23 IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Year To Date
EH.1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% To be achieved by April 2016									
	Numerator		120	114	128	140	124	174	137	124	1061
	Denominator		124	121	136	145	130	179	146	131	1112
	%		97%	94%	94%	97%	95%	97%	94%	95%	95%
EH.2_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016									
	Numerator		123	120	136	145	130	179	145	131	1109
	Denominator		124	121	136	145	130	179	146	131	1112
	%		99%	99%	100%	100%	100%	100%	99%	100%	100%

8. Community Health

Liverpool Community Health Services (by exception)

Community Equipment: The increase in demand is attributed to a number of factors: Sefton MBC budget issues, a new financial ordering system introduced by Sefton MBC, staffing resources in the warehouse, availability of delivery slots, and operational issues within the CES. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the FIG work plan. NHS South Sefton CCG has agreed to fund £165,000 non-recurrently in 2015/16 for the provision of the Community Equipment Store. A number of actions have also been identified for this service

- Trust to provide a detailed overview of current waiting list.
- Trust to consider providing training on prescribing equipment and budget allocation.

Community Cardiac/Heart Failure: The reduction in referrals is due to the change in the cardiac rehab element of the service, which previously accounted for 25% of referrals. The reduction in out-patient activity, is a direct consequence of the change in the cardiac rehab contract arrangements.

Diabetes specialist nurse: This service has experienced issues with staffing since January 2015 including sickness and two appointed staff members subsequently resigned shortly after starting employment. Both vacancies were re advertised as part of the recruitment process and to date one band 6 has now been recruited and started in October. The service is focusing on providing clinic based delivery to maximise efficiency and domiciliary activity is reduced due to long term vacancy and long term sickness.

Palliative Care: The service performance has been affected by the staff training District Nurses, participating in joint visits and caseload reviews. The Palliative care programme is now part of the STEP (Supporting Transition & Education through Preceptorship) for all new staff, some of which at first do not understand the role of the service. The new locality working has resulted in fewer referrals as staff are talking to each other and are able to provide appropriate advice at that point in time. The service has also been affected by long term sickness in the team, however it is anticipated that staffing levels will be back to full capacity by December 2015.

Treatment Rooms: Demand and activity are up for this service and additional capacity has been created through the introduction of specific ear syringing clinics. A trajectory for improvement is under development. This will be reported on from next month. The change in delivery model has resulted in the increase in referrals from District Nurses. The trust will be monitoring this going

forward. The service continues to ensure that the majority of (95%) patients receive an appointment within 2 weeks of referral in Sefton. There are patients who opt to have an appointment appropriate to them and that falls outside of the 2 weeks. This is also attributed by the service to patients who request to wait for an appointment at a particular clinic location. Additional capacity has been created through the GP practices in Sefton conducting ear syringing sessions and this reduces the number of patients accessing the treatment rooms. There is an action from the contracts and clinical quality performance group for the trust to provide analysis around the ratio of contacts to referrals. An update on this work is awaited.

Intravenous Therapy (IV)- The current over performance is due to an increase in long term antibiotic referrals along with cellulitis referrals from GPs. The trust is utilising staff from other localities along with staff working extra hours to deal with the demand. IV patients are seen within 72 hours with cellulitis patients seen the same day as long as the referral is received before 3pm. The team continues to hand over non –complex patients to district nurses when capacity allows.

Previously there was an issue with staff not inputting activity to EMIS which made it look like demand is much higher than activity. The service has worked towards correcting this and continues to ensure that staff recognises the importance of capturing all activity.

Speech and Language Therapy (SALT) Adult and Children- The team is not able to meet the increased numbers of referrals and demand for SALT assessments and the trust is in the process of reviewing the core offer. There are planned discussions with the education authority with regards to the service provided to special educational settings and resourced units. The service states that additional funding needs to be sought outside of the block contract to enable the current staff to manage the high numbers of children waiting for support and assessment. A business case has been provided and this is to be discussed by Clinical Leads and processed by the CCG funding approval process. Waiting times for this service have not been provided for month 7. The trust submitted a business case for waiting list initiative funding and this has not been approved. The commissioner has asked for this to be reviewed to clearly demonstrate cost savings for the CCG.

Walk in Centre- The trust is working towards achieving the stretch target of all patients seen within 2 hours. See and Treat model is to be implemented in February 2016. Recruitment of GPs is behind schedule and projected for March 2016.

Virtual Ward- The trust have agreed to uplift service plans accordingly for services that deliver the virtual ward model. It was agreed that a financial breakdown would be provided by the end of quarter 1 to assist with this at the July finance and information group. The uplifted plans will then be reflected in the monthly reports going forward. The FIG work plan documents that the trust are awaiting guidance from the CCG. Update on progress is still awaited. The development of the activity plan has been picked up as part of contract re-negotiation for 2016/17.

Wheelchairs: The waiting times are reported as above the commissioner set target of 4 weeks at 36 weeks. The service is now staffed to full establishment. Improvement trajectory has been developed to ensure the commissioner set target of 4 weeks is achieved by May 2016. Waiting list validation was due to be completed in December 2015. The application of the Access Policy/DNA policy has also been implemented. An improved trajectory is being agreed in December 2015.

Liverpool Community Health Waiting Times

Paediatric Speech and Language Therapy: The current waiting time for Paediatric Speech and Language Therapy is reported to be in excess of 18 weeks at 22.1 weeks for NHS South Sefton CCG.

It was reported at the LCH December Board that a full service review is currently being completed including waiting list validation. The Board was also informed that a decision was made to close the waiting list. It was reported that 260 patients are waiting for an appointment across LCH catchment. It was confirmed that a locum has been commissioned in order to offer an appointment to patients on the waiting list.

The waiting times remain significantly above target in Sefton due to demand and capacity being significantly out of balance. Full validation of the waiting list is due to be completed in Sefton by January 2016.

The Capacity and demand model was expected by 18th December 2015 to inform the resources required to ensure waiting times are achieved. Additional therapists have been recruited and locums are due to start in January 2016. The waiting list remains closed and weekly meetings with commissioners will continue to monitor the impact. For this financial year 2015-16, CSU has asked (via email Tue 19/05/2015) LCH to give an indication of which waiting times will be reported during the current month, a month behind and not at all. LCH has not responded.

Wheelchairs: Waiting times are reported to be 36 Weeks at Month 8, previously reported as 33 weeks at Month 7. The Trust has reported that the service is now staffed to full establishment and a trajectory of improvement has been developed to ensure the commissioner set target of 4 weeks is achieved by June 2016.

Waiting times are not being recorded for several services: Community Cardiac/Heart Failure, Community Matrons, District Nursing Service, Diabetes Specialist Nurses, IV Therapy, Intermediate care community, Respiratory, Palliative Care & Treatment Rooms. Requests continue to be made for this to be included with the monthly reports but to date has not been forthcoming.

The development of waiting time thresholds is part of the work plan for the FIG as currently the default of 18 weeks is being used. A document was provided by the trust for discussion at the last finance and information group and it was agreed this would be circulated to clinicians for discussion and for the trust to consider the implications of adopting aspirational targets identified in the document. This document is due to go to the trust board in November.

Any Qualified Provider

The trust is using the agreed £25 local assessment tariff.

Patient Identifiable Data at Liverpool Community Health Trust

The Trusts Caldicott guardian had requested that no patient identifiable data sets are to be released from Liverpool Community Health. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and the update to this is that the approach now being implemented is a reversal of this approach and the trust are raising patient awareness around the use of patient identifiable data and have introduced an opt out process. This means that patients can opt out from having identifiable electronic information flow related to them. It was agreed that the trust

would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting.

Southport and Ormskirk Trust

Community Gynaecology-The trust are submitting the monthly dataset as required however the data set provided does not include the capture of onward referrals. The service is due to migrate to EMIS in 2016 when this issue will be rectified. This is all part of the on-going discussions around this service with the commissioner.

Quality Overview

Liverpool Community Health Trust is subject to enhanced surveillance. Work streams have been identified by the Collaborative Forum (CF) including Culture, Governance, Safety and Workforce, each area has an identified clinical and managerial lead from the CCG and the Trust, each work stream reports directly into the joint CQPG and CF.

Looked After Children (LAC)

Currently issues regarding the timely return of LAC Health Information from Liverpool Community Health to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. The CCG Designated Nurse for Looked After Children has reported positive remedial action from the Trust with the back log of outstanding reviews now reduced significantly, however progress needs to be monitored and maintained.

Serious Incidents

Key areas of risk identified for Liverpool Community Health continue to be pressure ulcers, where the collaborative workshop has taken place alongside the trust and Liverpool CCG. The workshop has developed a composite action plan to address the 8 identified themes. The trust alongside both Liverpool and South Sefton CCG have confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be shared.

SALT Waiting Times

South Sefton CCG patients continue to experience long waits for both paediatric and adult SALT services delivered by Liverpool Community Health, this has been raised at CQPG and Contract meetings, the Trust has submitted a business case regarding Adult SALT which is currently being reviewed with the clinical leads. The Trust has been asked to submit an updated progress report / recovery plan for CCG assurance.

9. Third Sector Contracts

Reports outlining service outcomes during 2015-16 are underway; Information Schedules detailing Q3 activity and case studies have now been received by most providers, those who have not yet submitted information are currently being chased.

All providers are working towards v13 of the IG Toolkit and expect to be compliant before 31st March 2016. Information Schedules for the new contracting year are currently under review and are to be re-written to ensure the quality of the information provided demonstrates the service

outcomes and the contributions made to the wider health economy of South Sefton, Southport & Formby.

Support groups provided by Sefton Carers Centre and Swan Women's Centre have been attended by CCG Contracts to gain a greater understanding of the services provided and the work they do within the community, further visits have been arranged with Alzheimer's Society, SWACA, Sefton Cancer Support, Age Concern & SPAC.

Further consultation with iMersey around NHS Number collection for service users accessing Third Sector provider services is underway. iMersey are looking into possibilities of nhs.net email account set up for each provider to enable secure transfer of data to GP Practices for input and analysis. The aim is to analyse this data against GP appointments and hospital admissions within an electoral ward to see if the intervention is having an overall impact to the wider health economy of South Sefton, Southport & Formby.

An NHS Grant Agreement is currently being pulled together for services provided by AHDH Foundation for 2015-16. This grant is non-recurrent and is for the value of £30,000. Further details are to follow in month 9.

10. Quality and Performance

10.1 NHS South Sefton CCG Performance

		Current Period				
Performance Indicators	Data Period	Target	Actual	Direction of Travel	Exception Commentary	Actions
IPM						
Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - November	36	31	↑	There were 4 new cases reported in November 2015, year to date there have been 31 cases against a plan of 36. Of the 31 cases reported in year to date 29 have been aligned to Aintree Hospital and 2 to the Royal Liverpool Broadgreen Hospital (15 apportioned to acute trust and 16 apportioned to community).	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - November	30	30 (15 following appeal)	↑	There were 2 new cases have been reported in November. Year to date there have been 30 cases against a plan of 30, the year to date plan is 46.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - November	0	2	↑	There was 1 new case has been reported in November of MRSA for South Sefton CCG. Year to date they has now been 2 cases attributed to the CCG against a zero tolerance target.	The first MRSA case was reported in September, the PIR was chaired by the South Sefton CCG Chief Nurse, the RCA was reviewed and chronology discussed, a decision was made to attribute the case to the CCG instead of Aintree as it was felt the CCG was the best placed to ensure lessons are learned . The second case relates to a community aquired case, a PIR has taken place, further details will be provided in the next report.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - November	0	0	↔	No new cases reported in November. Initially there has been one case reported at Aintree in August, however following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG , taking Aintree back below zero tolerance	The CCG was informed on 16/12/15 that a possible MRSA had been reported by Aintree Hospital, a PIR was held on 04/01/16 and the case was attributed to Aintree Hospital. An update regarding the outcomes and lessons learned from the PIR will be included in the next report.
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - November	0.00	0.20	↓	In November the CCG had 1 mixed sex accommodation breach (2 year to date) which is above the target and as such are reporting red for this indicator for the first time in 2015-16.	The breach occurred at Liverpool Heart and Chest, the CCG is working with the co-ordinating commissioner to review the RCA.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - November	0.00	0.00	↔		

Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 15 and Jul-Sept 15		6.64%	↓	Percentage of respondents reporting poor patient experience of primary care in GP Services. This was a decrease from the previous period which recorded 7.64%.	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		10.05%		Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight alteration to the question on out of hours, the results are based on Jul-Sept 15 only.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 15 and Jul-Sept 15	6%	6.91%	↓	The CCG reported a percentage of negative responses above the 6% threshold, this being a decrease from last survey which reported 7.63%.	Detailed practice level data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.
Emergency Admissions Composite Indicator(Cumulative)	15/16 - November	1470.90	1,676.78	↑	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is over the monthly plan and had 147 more admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Aintree have not have been reflected in the planned targets as the targets were set in 2013 when the 5 year strategic plans were set. Aintree implemented pathway changes in October 2014 which has led to a higher number of admissions than originally planned for.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - November	204.59	158.09	↓	This measure now has a plan which is based on the same period previous year. The CCG is under the monthly plan and the decrease in actual admissions is 15 less than the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - November	707.95	754.96	↑	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan and the increase in actual admissions is 73 more than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - November	83.69	114.69	↑	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan and the increase in actual admissions is 10 more than same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - November	858.04	900.55	↑	This measure now has a plan which is based on the same period previous year. The CCG is over plan, actual admissions is 66 above the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - November	No Plan	15.38	↓	The emergency readmission rate for the CCG is lower than previous month (16.94) and also lower than the same period last year (15.89).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.0697	0.080	Provisional data	Provisional data shows the CCG improved on the previous years rate of 0.680 in 2013/14 but achieved a score lower than that of the England average 0.085.	PROMS have been selected as the Local Quality Premium measure for 2015/16. Discussions with clinicians have centred around a proposal to use Shared Decision Aids with patients for a number of surgical areas. This is awaiting approval and is thought to aid improvement in PROMS by ensuring the most appropriate patients are treated with surgery and are fully involved in the decision making process.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.430	0.403	Provisional data	Provisional data shows the CCG has declined on the previous years rate of 0.420 in 2013/14 and are also achieving a score lower than the England average 0.440.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.341	0.323	Provisional data	Provisional data shows the CCG's rate has declined from previous year 2013/14 - 3.33 but is over the England average 0.316.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - November	80%	91.00%	↑		
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - November	80%	80.00%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - November	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - November	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr2	95%	98.30%	↑		
IAPT Access - Roll Out	15/16 - Qtr2	3.75%	2.48%	↑	The CCG are under plan for Q2 for IAPT Roll Out, this equates to 602 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary.
IAPT Access - Roll Out	15/16 - November	1.25%	1.04%	↑	The CCG are under plan in November for IAPT Roll Out, out of a population of 24298, 252 patients have entered into treatment. There has been a increase from last month when 0.76% was reported.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - Qtr2	50%	48.52%	↑	The CCG are under plan for recovery rate reaching 48.5% in Q2. This equates to 180 patients who have moved to recovery out of 371 who have completed treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - November	50%	47.10%	↓	The CCG are under plan for recovery rate reaching 47.10% in November. This equates to 56 patients who have moved to recovery out of 119 who have completed treatment. This is a decrease from last month when 53.6% was reported.	See section 7 of main report for commentary.

The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	15/16 - Qtr2	75%	98.00%	↑	November data shows 94.7%.	
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	15/16 - Qtr2	95%	100.00%	↔	November data shows 100%.	
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2014		152.20	↓	Under75 mortality rate from Cancer has dropped from 158.7 in 2013 to 152.20 in 2014.	
Under 75 mortality rate from cardiovascular disease	2014		72.90	↑	Under 75 mortality rate from cardiovascular disease increased slightly from 72.60 in 2013 to 2.90 in 2014.	
Under 75 mortality rate from liver disease	2014		29.10	↑	Under 75 mortality rate from liver disease has increased from 22.6 in 2013 to 29.1 in 2014.	
Under 75 mortality rate from respiratory disease	2014		40.50	↑	Under 75 mortality rate from respiratory disease increased from 38.0 in 2013 to 40.50 in 2014.	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,022.6	2,660.6	↓	South Sefton achieved a rate of 2660.6 in 2014 which has failed against the plan of 2022.6. For 2014 the rate for Males was 2981.1, a increase from the previous year (2669.2). Females had a decrease with a rate of 2349.2 compared with 2517.7 in 2013.	The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - October	93%	96.61%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - October	93%	96.25%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	15/16 - October	93%	94.10%	↑		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	15/16 - October	93%	94.90%	↔		

Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - October	96%	98.81%	↔	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - October	96%	99.63%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - October	94%	96.53%	↓	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - October	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - October	94%	95.16%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - October	94%	98.91%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - October	98%	99.08%	↑	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - October	98%	100.00%	↔	
Cancer waits – 62 days					
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	15/16 - October	85% local target	90.91%	↑	
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	15/16 - October	85% local target	90.96%	↑	

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - October	90%	86.67%	↓	The CCG has failed the target year to date for 62 day screening. In October 1 patient out of 5 breached the 90% target (80%). This was a Lower Gastro patient and the delay was 83 days due to complex pathway and patient choice issues. Treatment Provider was Aintree.	8 Key priorities for managing 62 day performance have been put in place. Improvement is expected by end of December 2015.
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	15/16 - October	90%	97.73%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - October	85%	86.10%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	15/16 - October	85%	85.82%	↔		
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	15/16 - October	0	0	↔		

The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - November	0	1	↑	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust had 1 patient waiting for 52+ weeks for treatment in T&O.	Capacity issues with Spinal patients – patient had TCI in October but cancelled and requested a date in the New Year. The Robert Jones and Agnes Hunt reported 28 breaches in November (only one attributed to South Sefton CCG), these will start to reduce from December, a recovery plan is now in development and will be finalised at the end of February.
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	15/16 - October	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - November	90%	90.53%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	15/16 - October	90%	90.91%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - November	95%	96.16%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	15/16 - October	95%	96.97%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - November	92%	95.22%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	15/16 - October	92%	95.74%	↔		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	15/16 - November	95.00%	96.17%	↔		<p>The Trust continues to report high numbers of medically optimised patients remaining in an inpatient bed. This peaked at 94 patients in early October and is currently at 81 patients. A point prevalence study was undertaken in November 2015 for all medical inpatients. This showed that 161 patients were optimised for discharge, 45% of the total medical inpatients. The main delays noted were waits for placement and intermediate care. The number of medically optimised patients needs to be consistently below 50 to maintain flow. To ensure sustained improvement, the implementation of outstanding actions remains a priority. These include:</p> <ul style="list-style-type: none">• Full utilisation of the step down facility, Aintree 2 Home, which opened in December 2015.• Implement the mobilisation plan for the transfer of the Discharge Planning Team to be community based.• Explore alternative models to support reducing delays for medically optimised patients, including the provision of a second step down facility within the Trust. <p>The senior leadership team are continuing with the ‘fortnightly focus’ improvement methodology, whereby key actions are identified for A&E.</p>
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	15/16 - November	95.00%	86.09%	↓	The CCG have failed the target in November reaching 78.85%, and year to date reaching 86.09%. In November 812 attendances out of 3840 were not admitted, transferred or discharged within 4 hours	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	15/16 - November	95.00%	93.16%	↓	Aintree have failed the target in November reaching 87.96%, and year to date reaching 93.16%. In November 1491 attendances out of 12384 were not admitted, transferred or discharged within 4 hours. This is the fifth month the trust have not achieved the target in 2015/16	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	15/16 - November	95.00%	87.09%	↓	Aintree have failed the target in November reaching 77.13%, and year to date reaching 87.09%. In November 1491 Attendances out of 6520 were not admitted, transferred or discharged within 4 hours.	
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - November	1.00%	0.68%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - October	1.00%	0.84%	↓		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - November	75%	79.40%	↑		A Contract Performance Notice relating to Ambulance Handover was discussed at Aintree SRG Wednesday 16th December 2015. The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. Whilst overall demand in November, for NWAS was 4.3% higher than planned for and 4.2% for South Sefton CCG; that for the most time critical response times (Red) was 12.5% higher than plan for NWAS as a whole, but 25.8% higher than plan for South Sefton, the highest in Merseyside. Together with the continuing lengthening of turnaround times, these levels of demand severely impacted upon NWAS's performance against the response time targets, during the month. Average turnaround times at Aintree Hospital were teh longest of any CHeshire & Merseyside Hospital in November at over 34 mins on average. Turnaround times will be discussed at the next contract meeting with Aintree, and the North Mersey SRG will also discuss the reinvestment of fines that have been applied to providers across teh SRG footprint.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - November	75%	73.60%	↓	The CCG failed to achieve the 75% year to date or in month (Nov) recording 70.0%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - November	95%	96.60%	↔		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - November	75%	77.10%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - November	75%	74.50%	↓	NWAS failed to achieve the 75% year to date or in month (Nov) recording 68.5%.	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - November	95%	94.40%	↔	NWAS failed to achieve the 95% year to date or in month (Nov) recording 92.0%.	
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2400	2451.5	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2309.0.	CCG and CSU colleagues are working to obtain an updated position from local data.

10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 24 Friends and Family – Aintree University Hospital NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Nov 2015)	RR - Trajectory From Previous Month (Oct 15)	Percentage Recommended (Eng. Average)	Percentage Recommended (November 2015)	PR - Trajectory From Previous Month (Oct 2015)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (Nov 2015)	PNR - Trajectory From Previous Month (Oct 15)
Inpatients	25%	50.2%	↑	96.0%	96.0%	↔	1.0%	2.0%	↑
A&E	15%	20.5%	↓	87.0%	86.0%	↑	7%	9.0%	↔

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in both inpatients and A&E as outlined above.

For Inpatient services, the percentage of people who would recommend that service is on par with the England average and has remained static compared to the previous month (Oct 2015). The percentage of people who would not recommend the inpatient service has declined marginally on the previous month and is now above the England average.

The percentage of people that would recommend A&E has improved since October, but remains marginally below the England average. The percentage of people who would not recommend the A&E service has remained static compared to the previous month but remains below the England average.

The trust consistently returns response rates and recommendation percentages significantly higher than the regional and national averages.

The patient experience lead within the trust presented the ongoing work the organisation is doing with the Friends and Family data to EPEG in October 2015. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services.

10.3 Serious Untoward Incidents (SUIs)

10.3.1 CCG level Serious Untoward Incidents

These are serious incidents involving South Sefton CCG patients irrespective of their location of care. Inclusive of month 9, there have been 78 Serious Incidents involving South Sefton CCG patients.

Figure 25 SUIs Reported at South Sefton CCG level

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Abscond		2								2
Delayed diagnosis			1							1
Failure to act upon test results				1						1
Homicide by Outpatient (in receipt)	1									1
Maternity service						1				1
Maternity services - unexpected neonatal death.					1					1
Medical Devices/Equipment			1							1
Other								1		1
Pressure Sore - (Grade 3 or 4)			1	2						3
Pressure ulcer - (Grade 3)	6	6	3	3	3	16	1		2	40
Pressure ulcer - (Grade 4)	1	1	2	2						6
Results									1	1
Serious Incident by Outpatient (in receipt)									1	1
Serious Self Inflicted Injury Outpatient	1			1		1				3
Slips/Trips/Falls				2						2
Sub-optimal care of the deteriorating patient			1							1
Surgical Error		1						1		2
Treatment						1				1
Unexpected Death		2							4	6
Unexpected Death (general)						2				2
Wrong site surgery			1							1
Grand Total	9	12	10	11	4	21	1	2	8	78

Number of Never Events reported in period for South Sefton CCG patients

One never event reported in June 15, 1 reported year to date. (South Sefton CCG patient in Alder Hey- wrong site surgery)

Figure 26 SUIs by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Aintree University Hospital NHS Foundation Trust										
Delayed diagnosis			1							1
Failure to act upon test results				1						1
Pressure ulcer - (Grade 3)									1	1
Sub-optimal care of the deteriorating patient			1							1
Treatment						1				1
Unexpected Death									1	1
Unexpected Death (general)						1				1
Alder Hey Children's NHS Foundation Trust										
Unexpected Death									1	1
Wrong site surgery			1							1

Liverpool Community Health NHS Trust										
Medical Devices/Equipment			1							1
Pressure Sore - (Grade 3 or 4)			1	2						3
Pressure ulcer - (Grade 3)	5	5	3	3	3	16	1		1	37
Pressure ulcer - (Grade 4)		1	2	2						5
Slips/Trips/Falls				1						1
Surgical Error								1		1
Unexpected Death		1							1	2
Unexpected Death (general)						1				1
Liverpool Women's NHS Foundation Trust										
Maternity service						1				1
Surgical Error		1								1
Unexpected Death		1								1
Mersey Care NHS Trust										
Abscond		2								2
Homicide by Outpatient (in receipt)	1									1
Other								1		1
Serious Incident by Outpatient (in receipt)									1	1
Serious Self Inflicted Injury Outpatient	1			1		1				3
Slips/Trips/Falls				1						1
Unexpected Death									1	1
Southport and Ormskirk Hospital NHS Trust										
Maternity services - unexpected neonatal death.					1					1
Pressure ulcer - (Grade 3)	1	1								2
Pressure ulcer - (Grade 4)	1									1
St Helens and Knowsley Hospitals NHS Trust										
Results									1	1
Grand Total	9	12	10	11	4	21	1	2	8	78

Number of Never Events reported in period

1 never events reported in June 15, 1 reported year to date. (South Sefton CCG patient in Alder Hey- wrong site surgery)

10.3.1 Aintree Hospital level Serious Untoward Incidents

SUIs Reported at Aintree University Trust level

Aintree University Hospital Foundation Trust reported 2 serious incidents in December 2015 with 26 incidents reported YTD by the provider.

Number of incidents reported split by type

The Trust has had four incidents repeated in 2015/16.

- 6 x delayed diagnosis
- 5 x Sub-optimal care of the deteriorating patient
- 5 x Pressure Ulcer (grade 3)
- 3 x Treatment delay
- 3 x Unexpected death

Number of Never Events reported in period

Aintree University Hospital NHS Foundation Trust reported zero Never Events year to date.

Figure 27 Number of Incidents at Aintree reported by type

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Accident Whilst in Hospital							1			1
Critical Care Transfer								1		1
Delayed diagnosis			2							2
Failure to act upon test results			1	1						2
Pressure ulcer - (Grade 3)					1		2	1	1	5
Results					1					1
Slips/Trips/Falls							1			1
Sub-optimal care of the deteriorating patient	2		1							3
Treatment						2				2
Unexpected Death						1	1		1	3
Unexpected Death (general)	1				1	2				4
Unexpected Death of Inpatient (in receipt)							1			1
Grand Total	3	0	4	1	3	5	6	2	2	26

Figure 28 Number of Incidents reported at Aintree by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Knowsley CCG										
Delayed diagnosis			1							1
Sub-optimal care of the deteriorating patient	1									1
Liverpool CCG										
Accident Whilst in Hospital							1			1
Critical Care Transfer								1		1
Pressure ulcer - (Grade 3)								1		1
Delayed diagnosis					1					1
Slips/Trips/Falls							1			1
Sub-optimal care of the deteriorating patient	1					1				2

Surgical/Invasive Procedure					1					1
South Sefton CCG										
Delayed diagnosis			1							1
Treatment				1						1
Pressure ulcer - (Grade 3)									1	1
Sub-optimal care of the deteriorating patient			1							1
Treatment						1				1
Unexpected Death									1	1
Sub-optimal care of the deteriorating patient						1				1
Southport & Formby CCG										
Treatment						1				1
Sub-optimal care of the deteriorating patient	1									1
St Helens CCG										
Unexpected Death (general)						1				1
West Cheshire CCG										
Pressure ulcer - (Grade 3)							2			2
Unexpected Death							1			1
Unexpected Death of Inpatient (in receipt)							1			1
West Lancashire CCG										
Delayed diagnosis			1							1
Pressure ulcer - (Grade 3)					1					1
Grand Total	3	0	4	1	3	5	6	2	2	26

11. Primary Care

11.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. The tool is to aid improvement, not a performance management tool.

11.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children under 19, adults aged 20-74 and older people aged 75 and over separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Recent new additions are expected to observed disease prevalence (QOF), and forthcoming additions include financial information, and public health indicators

11.3 Format

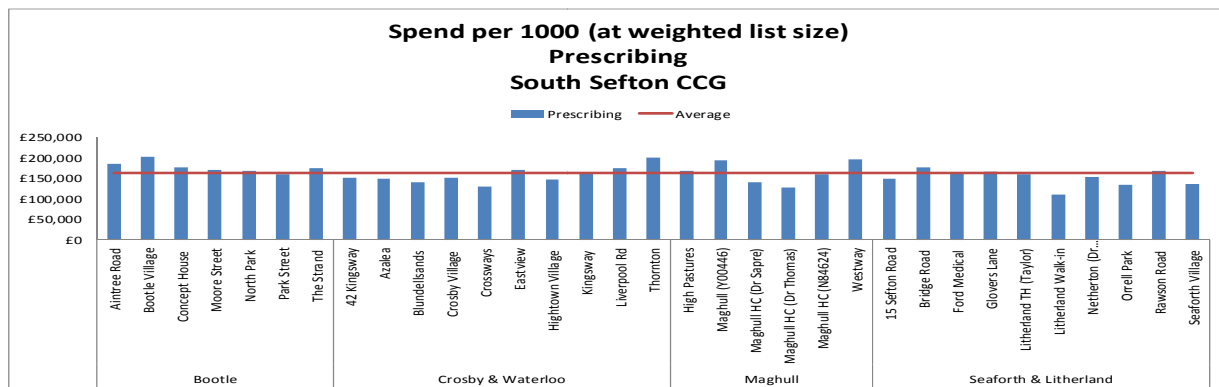
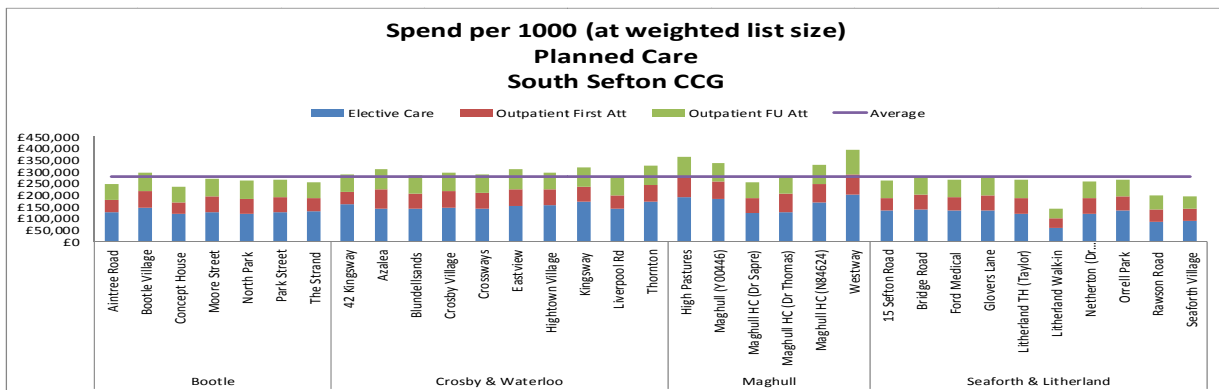
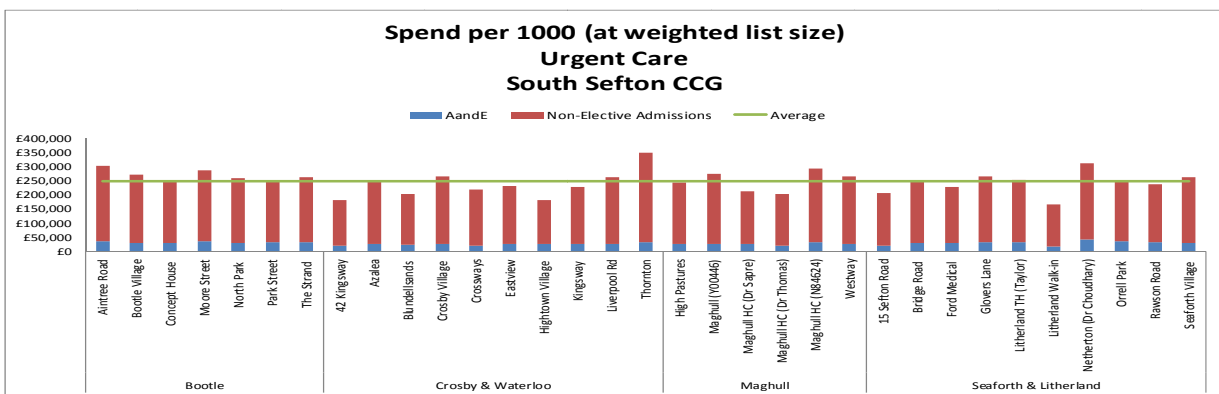
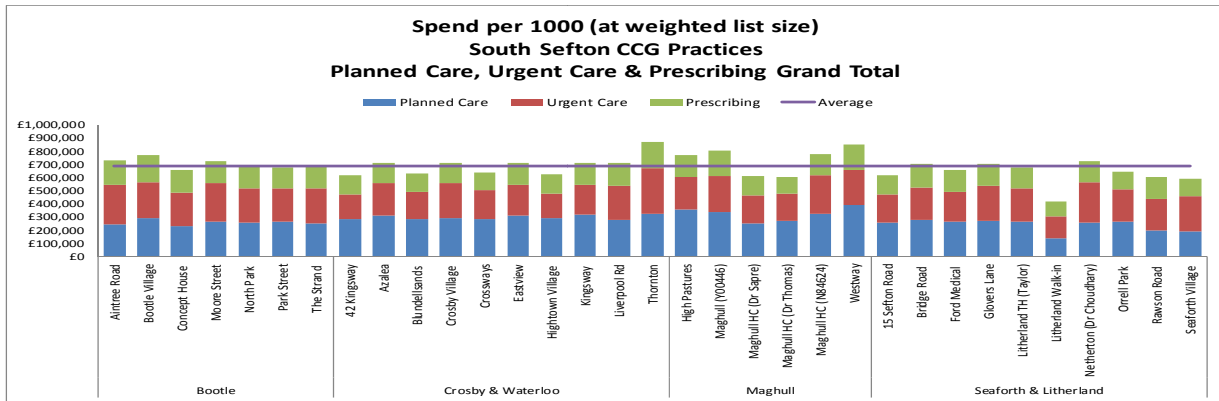
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed monthly, where possible and will have a 6 week time lag from month end for secondary care data and prescribing data, and less frequent updates for the likes of annual QOF data. The dashboards have been presented to Quality Committee and to localities, and feedback has been positive. The dashboards will be available on the Cheshire & Merseyside Intelligence Portal (CMiP).

11.4 Summary of performance

Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, case mix, care and nursing home residents amongst others to standardise the data. The chart below is in draft format and is currently being shared with localities for feedback.

Figure 29 Summary of Primary Care Dashboard – Finance

South Sefton CCG December 2014 - November 2015 Planned/Urgent Care & Prescribing Costs



11.5 CQC Inspections

A number of practices in South Sefton CCG have recently been visited by the Care Quality Commission. CQC publish all inspection reports on their website.

Eastview Surgery **Requires improvement** (11.4 miles away)



81 Crosby Road North, Waterloo, Liverpool, L22 4QD
(0151) 928 8849

Provided by: Eastview Surgery

CQC inspection area ratings

(Latest report published on 7 January 2016)

Safe	Requires improvement	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Requires improvement	●

CQC Inspections and ratings of specific services

(Latest report published on 7 January 2016)

Older people	Requires improvement	●
People with long term conditions	Requires improvement	●
Families, children and young people	Requires improvement	●
Working age people (including those recently retired and students)	Requires improvement	●
People whose circumstances may make them vulnerable	Requires improvement	●
People experiencing poor mental health (including people with dementia)	Requires improvement	●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Bootle Village Surgery Good (0.6 miles away)



204 Stanley Road, Bootle, Liverpool, L20 3EW
Provided by: Bootle Village Surgery

CQC inspection area ratings

(Latest report published on 14 January 2016)

Safe	Requires improvement	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Good	●

CQC Inspections and ratings of specific services

(Latest report published on 14 January 2016)

Older people	Good	●
People with long term conditions	Good	●
Families, children and young people	Good	●
Working age people (including those recently retired and students)	Good	●
People whose circumstances may make them vulnerable	Good	●
People experiencing poor mental health (including people with dementia)	Good	●

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Moore Street Medical Centre Good (1 mile away)



77 Moore Street, Bootle, L20 4SE
(0151) 944 1066

Provided by: Moore Street Medical Centre

CQC inspection area ratings

(Latest report published on 26 November 2015)

Safe	Requires improvement ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 26 November 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Outstanding ☆
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Litherland Practice Good (1.9 miles away)

This service was previously managed by a different provider - see old profile



Litherland Town Hall Health Centre, Hatton Hill Road,
Litherland, Liverpool, L21 9JN
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 26 November 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 26 November 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Seaforth Village Surgery Good (1.3 miles away)



20 Seaforth Road, Litherland, Liverpool, L21 4LF
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 29 October 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 29 October 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Crosby Village Surgery Requires improvement (3.5 miles away)

This service was previously managed by a different provider - see old profile

The provider of this service has requested a review of one or more of the ratings.



3 Little Crosby Road, Crosby, Liverpool, L23 2TE
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 29 October 2015)

Safe	Requires improvement	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Requires improvement	●

CQC Inspections and ratings of specific services

(Latest report published on 29 October 2015)

Older people	Requires improvement	●
People with long term conditions	Requires improvement	●
Families, children and young people	Requires improvement	●
Working age people (including those recently retired and students)	Requires improvement	●
People whose circumstances may make them vulnerable	Requires improvement	●
People experiencing poor mental health (including people with dementia)	Requires improvement	●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Netherton Practice Good (3.2 miles away)

This service was previously managed by a different provider - see old profile



Netherton Health Centre, Magdalen Square, Netherton, Bootle, L30 5SP

Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 24 September 2015)

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

CQC Inspections and ratings of specific services

(Latest report published on 24 September 2015)

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

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Rawson Road Surgery Good (SSP Health Ltd) (1.9 miles away)



136-138 Rawson Road, Seaforth, Liverpool, L21 1HP
(0151) 928 7576
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 10 September 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 10 September 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Orrell Park Medical Centre Good (SSP Health Ltd) (1.8 miles away)



Trinity Church, Orrell Lane/Rice Lane, Liverpool, L9 8BU
(0151) 525 3051

Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 20 August 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 20 August 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Crossways Practice Good (3 miles away)

This service was previously managed by a different provider - see old profile



168 Liverpool Road, Crosby, Liverpool, L23 0QW
(0151) 293 0800
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 6 August 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC inspections and ratings of specific services

(Latest report published on 6 August 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Hightown Surgery **Inadequate** (6.3 miles away)

This service was previously managed by a different provider - see old profile

The provider of this service has requested a review of one or more of the ratings.



1 St George's Road, Hightown, Merseyside, L38 3RY
(0151) 929 3603
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 23 April 2015)

Safe	Inadequate	●
Effective	Requires improvement	●
Caring	Requires improvement	●
Responsive	Requires improvement	●
Well-led	Inadequate	●

CQC Inspections and ratings of specific services

(Latest report published on 23 April 2015)

Older people	Inadequate	●
People with long term conditions	Inadequate	●
Families, children and young people	Inadequate	●
Working age people (including those recently retired and students)	Inadequate	●
People whose circumstances may make them vulnerable	Inadequate	●
People experiencing poor mental health (including people with dementia)	Inadequate	●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Concept House Surgery Good (0.5 miles away)



17 Merton Road, Bootle, L20 3BG
(0151) 476 7962

Provided by: Dr David Goldberg

CQC inspection area ratings

(Latest report published on 23 April 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 23 April 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Dr Doran and Dr Navaratnam Good (2.7 miles away)



20 Kingsway, Waterloo, Liverpool, L22 4RQ
(0151) 920 9000

Provided by: Azalea Surgery

CQC inspection area ratings

(Latest report published on 16 April 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 16 April 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Treatment of disease, disorder or injury

12. Better Care Fund update

Quarterly data collection templates are been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Performance for Q1 and Q2 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance improved on Q1 with a reduction in two of the three months of the quarter, which has continued in October at 3.8% below plan, and November at 0.6% below plan, but 2.9% over plan overall for the year to date (Jan-Nov). Performance is summarised below:

BCF NEL Admissions (MAR)	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Year to Date
Plan	3003	3003	3003	9009	2941	2941	2941	8822	2935	2935	2935	8806	2921	2921	32480
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	2766	8573	2811	2902	33415
Var	173	-27	513	658	317	304	18	639	22	-86	-169	-233	-110	-19	935
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	-5.8%	-7.9%	-3.8%	-0.6%	2.9%

13. NHS England Activity Monitoring

Figure 30 NHS England Activity Monitoring

Source	Referrals (G&A)	Month 8 YTD <i>PLAN</i>	Month 8 YTD <i>ACTUAL</i>	Month 8 YTD <i>Variance</i>	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	Referrals (G&A)				
MAR	GP	24365	26870	10.3%	Please see previous months report detailing issues with GP hotline at Aintree. Excluding activity levels of the GP hotline, year to date up to November the increase is much lower compared to last year's activity at 3.4%.
MAR	Other	14476	16393	13.2%	Please see previous months report detailing problems with identifying increase in MAR data as local referral data for the CCG suggests a much lower increase of less than 1% when comparing the same period last year.
MAR	Total	38841	43263	11.4%	As above.
	Outpatient attendances (G&A)				
SUS	All 1st OP	41114	41260	0.4%	
SUS	Follow-up	103221	108158	4.8%	Please see previous report detailing the problems with the plans (based on MAR) against the actuals (based on SUS). Actual activity for the same period last year compared to this year has increased but within the 3% threshold, currently at 2.1%.
SUS	Total OP attends	144335	149418	3.5%	As above.
SUS	Outpatient procedures (G&A) (included in attends)				
	Admitted Patient Care (G&A)				
SUS	Elective Day case spells	14815	13193	-10.9%	As with previous months comments the actual increase compared with the same period last year is approx. 7%.

SUS	Elective Ordinary spells	2528	2347	-7.2%	As noted in previous returns, plan v actual remains in line with the year to date comparison of last year to this year's activity levels.
SUS	Total Elective spells	17343	15540	-10.4%	When comparing actual activity from April to November 2014/15 to the same period this year the overall increase is below 5%, at 4.7%.
SUS	Non-elective spells complete	13775	13086	-5.0%	Actual activity from April to November 15/16 compared with the same period last year shows an increase of 7% in NEL admissions, a slight decrease from the figure reported last month. This is due to the impact of CDU closure and the figures being added to NEL admissions from October 2014 onwards. As the year progresses we will be able to see more accurately the comparison of NEL admissions from last year to this year.
SUS	Total completed spells	31118	28626	-8.0%	As above.
	Attendances at A&E				
SUS	Type 1				
SUS	All types	33164	36383	9.7%	As per the comments from M7, the variance of actual activity from April to November 2014/15 compared with the same period this year shows a slight decrease of -0.7%.